Baseline Survey

Reframing Child Protection and Development (RCP&D) in Binga district

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Submitted by

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ACRONYMS

ADRA	Adventist Development and Relief Agency
Bem	Boy Empowerment Movement
CAMFED	Campaign for Female Education
CCW	Case Care Worker
CDF	Constituency Development Fund
CPC	Child Protection Committee
COVID-19	Corona Virus Disease - 2019
EHT	Environmental Health Technician
FGD	Focus Group Discussion
Gem	Girl Empowerment Movement
G&C	Guidance and Counselling
ICT	Information Communication Technology
IEC	Information, Education and Communication
IROVC	Integrated Response to Orphans and Vulnerable Children
JCT	Justice for Children Trust
KII	Key Informant Interview
KNH	Kindernothilfe
MCC	Mennonite Central Committee
M&E	Monitoring and Evaluation
MEAL	Monitoring, Evaluation, Accountability and Learning
MoPSE	Ministry of Primary and Secondary Education
NGO	Non-Governmental Organization
PPE	Personal Protective Equipment
QA	Quality Assurance
RCP&D	Reframing Child Protection and Development
RDC	Rural District Council
REPSSI	Regional Psychosocial Support Initiative
SRH	Sexual and Reproductive Health
ToC	Theory of Change
ToT	Training of Trainers
TORs	Terms of Reference
VHW	Village Health Worker

BASELINE DASHBOARD

BASELINE INDICATOR	INDICATOR STATUS
Children with access to medical health services	97.2%
Children without a birth certificate	11.0%
Children that have once slept without eating because of lack of food	16.0%
Children that do not feel protected in their accommodation at home	24.4%
Children with some knowledge on child rights	52.8%
Parents with some knowledge on child rights	61.1%
Parents with children of school-age out of school	15.2%
Parents with children without birth certificates	26.2%
Parents with access to health services for their children	87.7%
Parents with children who once slept without eating due to lack of food	40.6%
Parents without adequate shelter for children	33.2%
Parents without adequate bedding for children	27.0%
Number of schools with Gem/Bem clubs	1 out of 10 schools (10%)
Number of existing Gem/Bem clubs run by trained focal teachers	1 out of 10 schools (10%)
Number focal teachers that received training on child rights	4 of out 10 schools (40%)
Number of schools with trained teachers adopting child rights and inclusive approaches	4 of out 10 schools (40%)
Presence of child protection initiatives led by Gem/Bem clubs	Only in the school with the club
Level of knowledge on child rights and inclusion among the current focal teachers	Inadequate
Schools with children reporting child abuse cases to school authorities	1 out of 10 schools (10%)
Children reporting child abuse cases to local adult CPC in the past 12 months	2.6%
Parents with children reporting abuse cases to CPC/CCWs/VHW in the past 12 months	2.9%
Reported child abuse cases followed up and successfully resolved in the past 12 months	2 out of 7 cases (28.5%)
CPC statistics on child abuse in the past 12 months	No records
Child abuse cases successfully resolved through community structures	No records
Child abuse cases successfully resolved through referrals to District Case Management structure	No records
Parents with training on human and child rights	10.7%
Parents using child friendly parenting practices	36.5%
Children reporting child unfriendly home environments	5.2%
Number of active CPCs in target wards	All 5 wards have active CPCs at ward-level
Schools with functional child-led CPCs	2 out of 10 schools (20%)
Children that received child friendly Covid-19 IEC materials	4.3%
Dialogues on culture and child protection held in the target communities	Present as part of the general community meetings

BASELINE INDICATOR	INDICATOR STATUS
Child-led advocacy initiatives on child marriages and birth registration in the past 12 months	None
Participation of children in meetings with community and district stakeholders in the past 12 months	2.8%
Participation of children in commemorations attended and led by children in the past 12 months	0.9%
Participation of children in other child led activities by children in the past 12 months	4.2%
Participation of children in review meetings in the past 12 months	0.9%
Participation of children in Ntengwe programme/project activities in the past 12 months	5.2%
Estimated number of children that will be impacted by project outputs	Direct - 9520 (8569 in school + 951 out of school) Indirect - 11000
Estimated number of adults that will be impacted by project outputs	Direct – 2590 Indirect - 15000

EXECUTIVE SUMMARY

Background

The Reframing Child Protection and Development (RCP&D) programme is being implemented by Ntengwe for Community Development. The organisation has been implementing child protection and emergency programmes in Binga district since the year 2000. The objective of the current project, the RCP&D, is that of creating a safe environment that supports children's growth and development in five (5) wards in Binga District namely Chinonge, Pashu, Siansyundu, Sinamagonde and Sinansengwe wards. The project will work with 10 schools in the five selected wards. Outcomes and indicators that cover all the five programme areas have been crafted. This baseline study was conducted as a means of collecting values for all indicators upon which the new targets of the programme would be set.

Objectives

The purpose of the baseline study was to determine the baseline values for outcome and output indicators for all the five areas of the RCP&D programme and in turn facilitate the setting of new targets for the programme.

Methodology

The approach for conducting the baseline was based on a pre- and post- intervention comparison; with the baseline serving as the pre-intervention status description against which the follow-up assessment or evaluation will be compared. Four (4) data collection methods were used for this baseline, i.e., desk review, quantitative survey (household and children), focus group discussions (FGDs) and key informant interviews (KIIs). The study targeted children, parents, Child Protection Committees (CPCs), traditional and other community leaders, schools and duty bearers at ward and district levels.

Key Findings

Socio-economic characteristics of respondents

There are many out of school children in the targeted wards but most of them have moved out of the district to seek for employment. Although most of the children (82.2%) reported that both of their parents were alive, only 52.1% lived with both parents. The rest stayed with one parent, grandparents, sibling or relatives resulting in them being vulnerable to physical, emotional and child neglect. On the other hand, 79.5% of the parents/caregivers were married, 10.2% were widowed and 8.6% were divorced or separated. In addition, 11.9% never went to school, 44.7% ended at primary level whilst 43.4% had secondary education. The results of their employment status show that most parents/caregivers are unemployed (84.4%) whilst 9% are self-employed.

Access to basic services

Education

All the targeted wards have schools but a significant proportion of the schools are satellite schools which were setup to increase enrolment and retention in school. Whilst these aspects seem to be improving, concerns remain on the failure to transit from primary to secondary school, absenteeism and dropping out of school. Children miss school mainly because of the need to work and contribute to household income, ill health, lack of school material (books and other stationary) and caring for sick household member. In addition, 15.2% parents/guardians reported to have at least one child

of school going age who was not attending school i.e., either dropped out or never attended school at all. The major reasons cited for school dropouts or children not attending school are lack of fees, lack of school stationery and child's lack of interest in school, pregnancies, parents not valuing education, distance, non-availability of teachers and disability status of the child.

Health
Most children (97.2%) indicated that when they fall sick, they have access to medical services from the local clinic/hospital. Similarly, 87.7% of parents/guardians reported that their children have access to health services whenever needed. Those who have challenges cited lack of clinic or hospital fees and distance as the major factors limiting access. All the target wards have a ward clinic but some facilities are not centrally located. The Village Health Workers (VHWs) are present in the communities but are unable to treat minor ailments as expected due to lack of medication and other consumables. Access to health services is also difficult for children with disabilities.

Birth registration
Eleven percent of the interviewed children did not have a birth certificate. A higher proportion of children at primary school (15.6%) had no birth certificates as compared to only 3.3% at secondary level. The situation is worse for out of school children where 22.2% did not have birth certificates. From the interviewed households, 26.2% had children who did not have birth certificates with Sinamagonde having the highest proportion (46.3%) followed by Sinansengwe (34.6%) and Siansyundu (20%). Parents cited lack of money for transport (20.6%) as the major reason for not getting birth certificates for their children.

COVID-19 Information
Awareness of COVID-19 is quite high among children in the project areas. Most (97.7%) indicated that they have heard about COVID-19 and the major sources of information are teachers, parents, radios, friends and clinics. Only 4.3% of the children reported that they directly accessed COVID-19 information from IEC materials mostly received through the schools and clinics. Most of the children also indicated that they understood the COVID-19 information they received since such material was written in the local Tonga language.

Knowledge and upholding of rights
The results show that generally knowledge of child rights is still limited among children in the project areas. Most of the children (52.8%) know at least one child right. Only three children were able to identify four rights and none identified more than four rights. Knowledge of child rights is significantly higher (χ = 23.6; p = 0.000) among secondary learners (70.1%) and least among out of school children (22.2%). Pashu had the highest proportion of children who knew their rights. The most common child rights known by children are the right to education (84.7%). and the right to basic needs such as food, health, shelter and clothing (69.4%).

Most children (94.8%) indicated that they feel loved and protected at home. Some children stay in broken families and are looked after by step-parents. These children revealed that they feel neglected as they have limited access to education and basic needs. Some experience different types of abuse, e.g., verbal abuse at the hands of the step-parents. Although 75.6% sleep in rooms/huts that provide adequate shelter from weather elements and burglars but 24.4% do not feel secure in the rooms/huts and 16.4% also feel that their room/hut does not offer adequate

privacy. Sixteen (16%) percent of the children reported that they have gone to bed in the past without eating food due to food unavailability.

Most parents/guardians (61.1%) indicated that they are aware of child rights and were able to identify at least one child right. However, 73% parents/guardians only know at most two child rights and 27% know three child rights. This shows that even though a high percentage of parents appear to have knowledge of children's rights, their knowledge is limited. Essentially, they know that children have rights but do not know most of these rights. The most identified right is the right to education. Only 10.7% parents/guardians have received training on human and child rights in the past, explaining their limited knowledge on child rights. Only 36.5% parents/guardians reported that they have been able to adopt child friendly parenting practices while 16.4% have not been able to adopt such practices. The others were not sure.

School survey
Eight of the ten schools that were visited had teachers who were trained in child rights and inclusion approaches. These indicated that the teachers had been trained during their teacher training. Four schools also had teachers who had received training from NGOs. Although teachers have knowledge of child rights and inclusion approaches, they are facing challenges in terms of applying their knowledge. The vision to have inclusive education, especially to cater for children with disabilities, had been frustrated by a lack of resources. Most schools do not have teachers, the required infrastructure and equipment like braille. Only one school (10%) i.e., Siansyundu secondary, had a Gem/Bem club. The Gem/Bem club at the school is run by trained teachers and focuses on boy/girl child roles, child abuse, peer to peer teaching and debates and dramas on topical child protection issues. Though most of the visited schools do not have Gem/Bem clubs, they do have Guidance and Counselling (G&C) and school health clubs which sometimes addresses child protection, among other issues.

CPCs and other Community Based Structures
Eight of the schools that were assessed reported that they had a child-led CPC in the past but only two schools currently have the child-led CPCs. Discussions however revealed that these child-led CPCs had not been trained. On the other hand, all the wards that were visited have functional adult-led CPCs. Although the CPCs were found to be functional, their effectiveness is of concern as they face a number of challenges including lack of resources and negative attitudes held by parents and community leaders. The discussions also revealed that interaction between the child-led CPCs and the adult-led CPCs in the community was non-existent. Similarly, CPCs hardly ever work together with VHWs as there are no guidelines on how they can work together. Those who collaborate do so out of their own initiatives. CPCs/CCWs in most of the wards were known by community leaders but the magnitude of working together differs from ward to ward.

Knowledge and Reporting of cases of child abuse
Most of the children (87.3%) said that they knew what child abuse is. The proportions were highest among primary schools (90.7%). A total of 88.5% of the parents indicated that they know what constitutes child abuse. Child labour was identified by 84.7% of adults and 61.5% of children whilst sexual abuse was mentioned by 52.3% of adults and 71.7% of children. The high knowledge of child abuse generally conflicts sentiments from CCWs/CPCs/VHWs who felt that reporting of cases

of abuse is low because people do not know what abuse is. Reporting of child abuse cases at the school is almost non-existent. All but one school had received a report of a child abuse case at the school. Only 2.9% parents/guardians (7 of them) reported that they had children who have reported cases of child abuse in the past. These cases were reported to police, CPC/CCW/VHW and community leaders. Although reporting is low, knowledge on where to report child abuse cases among children and parents is relatively high (69.8% for children; 72.5% for parents).

It was difficult to determine the actual number of cases that were referred to district level and subsequently resolved. The system for reporting, following up cases and providing feedback in the district is there but the challenge is usually lack of resources. Stakeholders especially at community level are not clear on how they are supposed to relate to each other. This is more apparent when it comes to CPC/CCW/VHWs relating with schools. Furthermore, the Zimbabwe Republic Police has lost the confidence of parents and CPC/CCWs because of corruption tendencies, not protecting whistle-blowers and delayed or not responding to reported cases.

Participation of children in child-led activities
Participation of children in commemorations, child-led activities, community meetings and dialogues, and district meetings is low. Only 0.9% and 4.2% children participated in some commemoration led by children and other child-led activities respectively in the past 12 months before the baseline survey. Furthermore, children were not involved in any child-led advocacy initiatives on child marriages, birth registration or on any other issues. Low participation was confirmed through FGDs where it was mentioned that children do not normally participate in any form of community meetings, dialogues and district meetings. The attitude exhibited by most adults was that the children's views and concerns are adequately catered for by CPCs/CCWs who attend community meetings. Results also show that children are rarely involved in analyzing their life situation, considering solutions, influencing duty bearers and assessing the impact of project activities.

Conclusions and Recommendations
The study makes the following conclusions and recommendations;

Conclusion: Teachers have a fair knowledge about child rights and inclusion approaches but find it difficult to adopt these in a meaningful manner. Schools also do not have clubs primarily established for the promotion of child rights in schools.

Recommendations: Ntengwe has the opportunity of making a difference by training teachers and ensuring that each targeted school has a teacher trained on child rights and inclusion approaches. These can be assisted to establish and run Gem/Bem clubs in their schools as a means of promoting the adoption and implementation of the two related concepts.

Conclusion: The knowledge of child rights is generally low among parents/guardians. This has also sustained harmful socio-cultural practices in the targeted communities. The low levels of knowledge, coupled with inability to meet costs for basic services due to poverty and negative attitudes among parents/guardians have negatively affected the well-being of children. In addition, lack of parenting skills in the target communities was identified as another factor resulting in the violation of child rights.

Recommendations: The parents' knowledge about child rights needs to be enhanced as the first priority. This should be complemented by addressing the attitudes of parents so that they can value access to basics such as education and birth registration. Strategies for addressing negative socio-cultural influences particularly those that affect children should also be developed and promoted under the RCP&D programme. It is also recommended that Ntengwe replicates some of the activities that were implemented in previous programmes that seek to improve attitudes held by parents regarding children with disabilities.

Conclusion: Adult-led CPCs are functional in all the wards, but their effectiveness is limited by a myriad of challenges. On the contrary, most of the schools do not have child-led CPCs. Those that are in existence need to be made more effective.
Recommendations: It is essential to build the capacity of CPCs through trainings and refresher courses and lobby for the provision of adequate resources. Ntengwe can also promote linkages with other community structures especially VHWs, community leaders and teachers. The effectiveness of CPCs should also be addressed by addressing resource constraints, socio-cultural norms and practices that limit their effectiveness.

Conclusion: Knowledge of rights is low among children especially those in primary school and out of school. Progression rates from primary to secondary are low and are partly influenced by child marriages and not having birth certificates. Children have also been found to be erroneously observing socio-cultural practices that negatively affect them. The study therefore concludes that it is important to empower children with knowledge about rights and also assist them to be proactive in addressing socio-cultural practices and demanding their rights.
Recommendations: Ntengwe should proceed with the implementation of planned activities that are meant to improve knowledge among children. The concept of rights should not be divorced from that of responsibilities. Children also need to be assisted in engaging duty bearers so that service provision is improved. In addition, there is need to ensure that there are appropriate platforms for engagement and children themselves are assertive to articulate their needs to duty bearers.

Conclusion: There is low participation of children in project activities including MEAL activities. Ntengwe has noted inadequacies with previous systems and it is important that these be addressed in the RCP&D programme as planned.
Recommendation: Clear provisions are needed on how children will meaningfully participate in the documentation of lessons learnt in the RCP&D programme.

Conclusion: The existing Child Protection and Safeguarding System in the district is not functioning to the desired extent. The reporting and resolution of cases is not functioning well at both community and district levels.
Recommendations: It is recommended that Ntengwe assists in strengthening the Binga Child Protection and Safeguarding System. The role of schools in the Binga Child Protection and Safeguarding System should be clarified with all stakeholders at community and district level. This will improve how schools relate to community child protection structures, ultimately strengthening child protection mechanisms at the local level. Schools should also be encouraged to develop their own Child Protection Policies with participation of children in the processes. On the other hand, the

police should be urged to protect identities of whistle-blowers and end corrupt tendencies. This can be done alongside efforts to ensure that the organisation's own Child Protection Policy is made well known and used for the protection of children in the targeted communities and district as a whole.

Conclusion: The baseline values for most indicators have been successfully determined. The study however concludes that some indicators need to be dropped or changed as they are difficult to measure.

Recommendation: It is hereby recommended that Ntengwe considers refining some of the indicators so that they are measurable and would allow the organization to assess the effectiveness and impact of the programme.

1 INTRODUCTION

1.1 Background

The Reframing Child Protection and Development (RCP&D) programme is being implemented by Ntengwe for Community Development. The organisation has been implementing child protection and emergency programmes in Binga district since the year 2000. Prior to the RCP&D programme, between 2012 and 2019, Ntengwe implemented an Integrated Response to Orphans and Vulnerable (IROVC) Children in Binga district (Phase I and II) with support from Kindernothilfe (KNH). Their approach has been that of empowering existing community structures and children to address the underlying causes of child rights violations such as sexual and physical abuse, exclusion of children from participating in development processes, forced and early child marriages as well as poor access to services such as health and education by children. Ntengwe's thematic areas are: Child Protection, Care and Development; Health and Education; Social and Climate Justice (including Disaster Risk Reduction) and Economic Empowerment.

Binga district is one of the poorest districts in Zimbabwe with high prevalence of poverty (88.3%) (UNDP, 2015; 2017). There are few alternative livelihood or income diversification options which has led to many adopting unsustainable survival strategies such as early marriages and young girls entering relationships with older men (UNDP, 2017). The consequences of these actions are dire because they often lead to early pregnancies, school dropouts and high exposure to HIV. Abandonment of families by males who migrate out of the district, and either do not return or do not send any remittances has resulted in high incidences of single mother headed households (UNDP, 2016). The situation has bred an environment that makes it difficult to uphold children's rights and that leads to child abuse. Negative social norms and beliefs that promote patriarchy have also undermined children's rights to education especially for the girl child (Siambombe and Isaac, 2018; Muntanga and Muzingili, 2019). Persistent droughts in the district since 2016 have led to food insecurity (Ntengwe, 2020). The burden is worse for families with orphaned and vulnerable children and those with children with disabilities. Recent findings by Ntengwe also showed that access to health services is also a challenge for children. They walk long distances, sometimes more than 20km to access a health facility. The advent of COVID-19 and the resultant lockdowns has further affected children's access to services further adversely impacting their learning and development. This brief background shows the need for interventions to ensure that children's rights are upheld and respected through supporting the parents, the community and all structures with a mandate for child protection, care and development.

Thus, the objective of the current project, the RCP&D, is that of creating a safe environment that supports children's growth and development in five (5) wards in Binga District. The project will work with 10 schools in the selected wards. Outcomes and indicators that cover all the five programme areas have been crafted. This research is thus meant to collect baseline values for all indicators upon which the new targets will be set. It is on this basis that this consultancy is being undertaken.

Below are the sub-objectives of the RCP&D programme:

- Teachers promote inclusion and child rights in schools in Binga district.

- Parents adopt child friendly practices for the growth and development of children in families and communities.
- Children are leading child protection processes and demanding their rights from duty bearers *(Increased agency by children to advocate against early child marriages and lack of access to birth registration certificates)*
- A well-functioning Ntengwe as well as Binga District Child Protection and Safeguarding System in place increasingly always used for child protection in the district.

1.2   Purpose and objectives of the assessment

The purpose of the baseline study was to determine the baseline values for outcome and output indicators for all the five programme areas of the RCP&D programme and in turn facilitate the setting of new targets for the programme. The design of the baseline includes developing an appropriate study methodology, collecting both primary and secondary data which will be used to benchmark the programme, analyzing the data, and developing the baseline report with any suggestions on how to improve the logical framework. Therefore, the study was implemented in five targeted wards with children, parents, CPCs, traditional and community leaders, and duty bearers at ward and district level.

2   BRIEF LITERATURE REVIEW

Child protection is defined as the safeguarding of children (prevention and response) from violence, exploitation, abuse and neglect (UNICEF, 2006). If not protected children are vulnerable to harmful traditional practices (child marriages, female genital mutilation, neglect), sexual exploitation, child labour and trafficking, among others (ibid). According to the United Nation's Convention on the Rights of the Child, every child should be afforded the opportunity to grow in a safe and protected environment full of love and understanding (UNICEF, 1989). The convention identifies the state as critical to child protection by ensuring the existence of legislative and administrative measures that recognize the rights and duties of different local and national structures (parents, guardians, community, state, etc) in childcare and protection. Some of the children's rights recognised in the convention include the right to life, education, identification, be heard in matters affecting their lives, freedom of expression, be protected from any form of abuse and a standard of living adequate for all their developmental needs, among others. Article 23 in the convention also elaborates the right of disabled children to special care and the need to ensure that both state and non-state actors mobilise resources so that such children can grow in an environment that promotes dignity, self-reliance and participation. The Children Rights Alliance (2021) identifies four basic principles of child rights, i.e., non-discrimination, the best interest of the child, right to survival and development and the need to ensure that the views of the child are heard.

About 48% of Zimbabwe's population are children below the ages of 18, most of whom (4.5 million) live in the rural areas where access to services (social, health, education, etc.) and information is limited (World Vision International, 2018). Zimbabwe has ratified most of the international conventions on children and has made considerable strides in incorporating these agreements in its national policies on child protection. The revision of the country's constitution in 2013 gave an opportunity to align the nation's supreme law with international laws on child protection and rights.

Although subsequent alignment of the country's laws and policies to its constitution has been slow, significant progress has been made in the education sector. Zimbabwe's Education Amended Act 2019 now addresses important child protection and rights in the education regarding learners with disabilities, corporal punishment, access to sexual and reproductive health, pregnant learners, and free and compulsory education (Government of Zimbabwe, 2019).

According to the child rights barometer survey conducted in 2018, Zimbabwe has a high political commitment to protecting child rights shown by her ability to declare/enact laws and policies for child protection (World Vision International, 2018). However, in addition to the country's slow progress in aligning child rights related laws and policies, gaps were also found in the limited capacity of its structures and institutions to provide quality services to children. This is attributed to limited resourcing in ministries and institutions that deliver on child protection. Zimbabwe has a birth registration rate of 44% lower than that of other countries such as Malawi and Swaziland. So, there is a significant population of non-registered children, and this potentially affects their access to basic rights such as education, health, protection from abuse and social care. Though, considerable progress has been made on laws related to children with disabilities, more efforts are still required in improving coordination, capacity (especially for inclusive education) and child protection service provision for such children. The economic situation has increased the vulnerability of children especially girls to sexual exploitation and less progress has been made in strengthening the ability of households to look after their children (ibid).

Several studies have identified the challenge of early child marriages in Binga district (Siambombe and Isaac, 2018; Muntanga and Muzingili, 2019). More than 30% of girls less than 18 years are impregnated in the district, and such children face numerous health complications (Muntanga and Muzingili, 2019). The figure is higher than the provincial percentage of 26.5 but compares well with the national statistics which show that 29% rural women aged 20-24 years were married before the age of 18 (ZimStat, 2017). The major causes are poverty, illiteracy, teenage pregnancy and negative social norms (Fry *et al.,* 2016; Siambombe and Isaac, 2018; Muntanga and Muzingili, 2019). The effects manifest as a vicious cycle characterised by the disempowerment of the girl child through their limited access to education and economic opportunities, poor health and psychological wellbeing, and reduced self-identity and self-worth (Muzingili and Muchinako, 2016; Muntanga and Muzingili, 2019). The Inter-Censal Demographic Survey – 2017 shows that about 11.2% of the population of Matabeleland North aged 12 – 18 had never attended school and the percentage was higher for males than females (ZimStat, 2017). Thus, due to economic challenges boys are also likely to drop out of school to engage in anything that gives them money, increasing chances of being exploited into child labour.

Binga has been identified as a district highly susceptible to violence against children (Fry *et al.,* 2016). This includes violence related to sexual and reproductive health, and usually the perpetrator of this violence is a boyfriend or husband (ZimStat *et al.,* 2013). Zimbabwe (78%) has the highest incidence of sexual violence in relationships among adolescents compared to other countries such as Malawi (33%), Swaziland (36%), Nigeria (40%) and Kenya (47%) (Fry *et al.,* 2016). The major reasons given for such violence include gender norms, refusal to have sex, multiple relationships and betrayal. To address this violence several interventions have been suggested which include addressing social norms, promoting comprehensive and curriculum based sexual and reproductive

health education, implementing and enforcing of policies and legislation and parent/caregiver support, among others. Other forms of violence identified include those encountered in the education settings including corporal punishment and increased risks of sexual and physical abuse in bush boarding. Social norms also increase the violation of child rights among children with disabilities. Such children are not treated the same as their non-disabled children – they are labelled - mostly by adults in their lives (ibid).

3 METHODOLOGY

3.1 Approach and process

The approach for conducting the baseline was based on a pre- and post- intervention comparison. The baseline assessment served as the pre-intervention status description against which the follow-up assessment or evaluation will be compared. The focal areas were the project's outcome and output indicators as outlined in the project's logical framework (see Annex 1 for the baseline indicators and 2 for the Conceptual Framework). The baseline survey was conducted in Binga district in all the five targeted wards namely Chinonge, Pashu, Siansyundu, Sinansengwe and Sinamagonde. To achieve the outlined needs of the baseline study, a multidisciplinary and participatory approach to collecting relevant data was used. The approach integrated both quantitative and qualitative methods in complementarity to collect primary and secondary data that comprehensively satisfy the objectives of the study. The baseline methodology was based on the fundamental understanding of the principal characteristics of the project within the broader framework of child protection. Key questions in the tools were formulated in reference to the project's logical framework.

3.2 Data collection methods

Four (4) main data collection methods were used for this baseline, i.e., desk review, quantitative survey (household and children), focus group discussions (FGDs) and key informant interviews (KIIs). The methods are complementary and facilitated triangulation of data and allowed for maximum participation of all key target groups, especially children.

3.2.1 Inception meeting

An inception meeting was held on the 6th of April 2021. The meeting was between Ntengwe and the consultants. The main purpose was to ensure that there is a common understanding between the two parties. Key aspects of the baseline were also discussed including sampling, stakeholders mobilization, logistics and financial and material resources required for the survey, among other issues. The agreed issues were incorporated in the inception report.

3.2.2 Desk review

Desk review helped in setting the contextual background and framework against which the baseline study was conducted, supported the development and implementation of fieldwork and provided findings in line with the objectives. The review process was continued up to the development of the baseline report. The initial review of project design documents, logical framework and Ntengwe strategy, among other documents put the study into perspective and gave a synopsis of the critical information that need to be covered during the primary data collection. The scope of the review was not restricted to project documents only but was extended to include reports of past projects that were implemented in the district by Ntengwe, national and international reports on child protection to understand the context and other issues pertinent to the project and its objectives (see Section 6).

3.2.3 Children survey

A survey was conducted in all the five (5) wards targeting in-school and out of school children (10 - 18 years of age). It was imperative to deliberately target out of school children to capture issues that are peculiar to them and provide an understanding as to why they are out of school. The snow-balling technique was used to identify these children at community level. The baseline targeted 61 out of school children (13 in each ward) but this was not achieved as only 18 were interviewed (Table1). The target was not reached mainly because out of school children in the study communities do not remain at their homes after dropping out of school. Girls usually get married while boys look for employment mainly outside the district. Those who had not gotten married or migrated out of the district were difficult to get in the afternoon as they were away from home herding cattle or spending time with their friends.

Table 1: Number of in-school and out of school children interviewed per ward

	In-school	Out of school	Total
Sinansengwe	38	2	40
Siansyundu	40	5	45
Chinonge	41	5	46
Pashu	37	0	37
Sinamagonde	39	6	45
Total	195	18	213

In-school children were sampled from both primary and secondary schools in the five selected wards. There are 25 schools in the target communities and 10 schools were selected and visited during the survey, i.e., 5 secondary schools and 5 primary schools (one secondary and one primary schools per ward). Thirty-eight (38) in-school children were targeted per ward i.e., 19 children per school. The overall target of 192 in-school children was surpassed as 195 in-school children were interviewed (Table 2).

Table 2: Number of in-school children interviewed per school

School	No. of respondents
Mankobole Primary	19
Mucheni Primary	18
Gwatakwata Primary	21
Kolokoza Primary	20
Chinego Primary	19
Sinansengwe Secondary	20
Siansyundu Secondary	21
Gwatakwata Secondary	20
Zumanana Secondary	19
Chinego Secondary	18
Total	195

3.2.4 Household/parent survey

A household questionnaire survey was conducted in all the five wards targeting parents of the children in the selected communities. The questionnaire sought to collect data on parent's knowledge of children's rights and practice, perceptions on children's rights issues, access to training to child protection and parenting, provision of children's rights and protection services, reporting of child abuse cases and participation in child protection in the community, among others. The sample of the households was drawn from households in the selected wards who have children under the age of 18. A total of 238 households was targeted. This target was achieved as 244 respondents were interviewed in total (Table 3).

Table 3: Representative sample of parents/households for the baseline survey

	Frequency	Percent
Sinansengwe	52	21.3
Siansyundu	35	14.3
Chinonge	52	21.3
Pashu	51	20.9
Sinamagonde	54	22.1
Total	244	100.0

3.2.5 Focus group discussions (FGDs)

Focus group discussions were used to capture the qualitative information on the key issues of the project. This information complemented information collected through the quantitative surveys, providing context and meaning to the results. The FGDs helped to get views from targeted project beneficiaries on knowledge of child rights and protection in their community, upholding of child rights and challenges, effectiveness of the current reporting system, institutional support (training, birth registration, education, social welfare support, health institutions, etc.), child participation in child protection in the community, among others. They were held with school-based child-led CPCs, parents, community leaders and CPCs/CCWs/VHWs. Although the intention was to conduct four FGDs per ward i.e., 20 altogether, a total of 15 FGDs were conducted as shown on Table 4 below.

Table 4: Number of FGDs conducted in the 5 wards

	Community leaders	Parents	CPC/CCWs/VHWs	Child-led CPC	Total (per ward)
Sinansengwe	✓	✓	✓		3
Siansyundu	✓		✓	✓	3
Chinonge	✓	✓	✓	✓	4
Pashu	✓	✓	✓		3
Sinamagonde	✓		✓		2

3.2.6 Key informant interviews (KIIs)/Institutional interviews

Semi-structured key informant interviews were conducted with individuals who were identified as having knowledge that is pertinent to the baseline assessment. In-depth interviews were conducted with representatives of:

- Ministry of Primary and Secondary Education
- Ministry of Health and Child Care
- Ministry of Labour and Social Welfare
- Rural District Council – Social Services
- Focal teachers and Head teachers

The list of key informants that participated in the baseline is attached as annex 3.

4 KEY FINDINGS

4.1 Socio-demographic characteristics of respondents

4.1.1 Child respondents

The number of children who participated in the baseline survey was 213 (195 in school and 18 out of school). Despite indications from the discussions of many out of school children in the targeted wards, most of them have moved out of the district to work as gold panners, cattle herders and housemaids in other districts in the country. Binga is generally known as a source of cheap household labour for nearby districts such as Lupane. About 48% of the child respondents were male while 52% were female. Figure 1 below shows that 2.3% of the children were double orphans, 12.7% paternal orphans and 2.8% maternal orphans. Further analysis showed that though 82.2% of the children reported that both of their parents were alive, only 52.1% lived with both parents. The rest stayed with their mother (24.9%), grandparents (9.9%), father (5.2%), sibling (3.8%) and aunt/uncle (4.2%). Some children reported that one of their parents/both were either away at work in Bulawayo, Victoria Falls or South Africa. Some said that though they knew that both their parents were alive, the parents had separated and hence stay in separate places. Separation of parents has meant that about 5.7% of the children stay with a stepmother/stepfather. Most such children are susceptible to physical, emotional and child abuse and neglect.
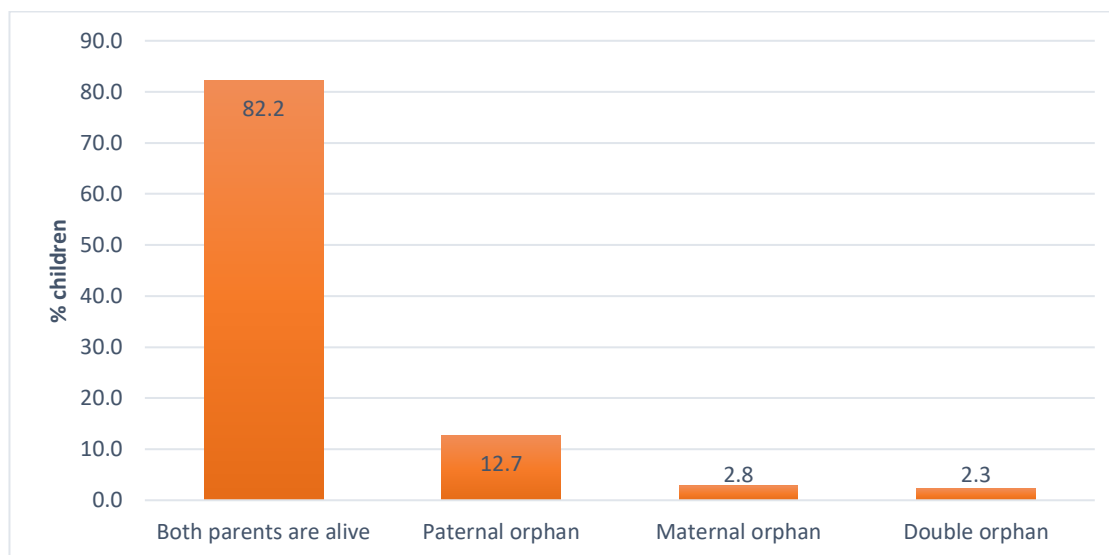
Figure 1: Orphanhood status of child respondents

Table 5 below shows that Chinonge and Pashu has a higher proportion of paternal and double orphans compared to the other wards. Most of the double orphaned children found in the survey belong to these two wards. This might be an indication of the vulnerability of children in these two wards. However, a few children in Sinansengwe ward were also double orphans.

Table 5: Orphanhood status by ward

	Orphanhood status			
Ward	Both parents are alive	Maternal orphan	Paternal orphan	Double orphan
Sinansengwe	82.5	7.5	7.5	2.5
Siansyundu	93.3	2.2	4.4	0.0
Chinonge	71.7	2.2	21.7	4.3
Pashu	75.7	2.7	16.2	5.4
Sinamagonde	86.7	0.0	13.3	0.0

4.1.2   Parent/caregiver respondents

Among the 244 parents/caregiver respondents 25.8% were male and 74.2% were female. Most were married (79.5%) while 10.2% were widowed and 8.6% were divorced or separated. Only 1.6% were single parents. Regarding their level of education, 11.9% never went to school, 44.7% ended at primary level whilst 43.4% had secondary education. None of the parents/caregivers had tertiary education. The results of their employment status show that most parents/caregivers are unemployed (84.4%) whilst 9% are self-employed. Only 6.6% are employed by the government or private sector. This result is reflective of the economic status in the country where most able-bodied people are not formally employed and about 39.5% of the population is in extreme poverty (World Bank, 2020).

4.2   Access to basic services and rights

4.2.1   Access to education

a) Number of children in school

In total, there are 25 schools in the targeted wards, 16 of which are primary schools while 9 are secondary schools (see Table 6). Each ward has at least 3 primary and 2 secondary schools except for Sinansengwe which has only one secondary school. However, a significant proportion of the schools are satellite schools setup to increase access to education in the district. The MoPSE and the Binga Rural District Council report that this strategy has worked and seen higher school enrolment and retention in the district. The challenge, however, is that most such schools are poorly staffed and lack basic education infrastructure such as proper and decent classrooms, decent staff accommodation and water and sanitation facilities (see picture inserts in Figure 2 of two of the schools). However, the MoPSE in partnership with Caritas has embarked on an infrastructure development programme whose objective is to transform the satellite schools into model schools designed for quality and inclusive education. Kokoloza Primary, a satellite school in Sinamagonde ward, has been upgraded into one such a school (see Figure 3). However, the speed at which this programme will spread across the district is not known.

Classroom	Classrooms	Teachers living quarters	Only brick administration block and classrooms under construction	One and only classroom block at Gwatakwata Secondary school in Chinonge (Ward 16)
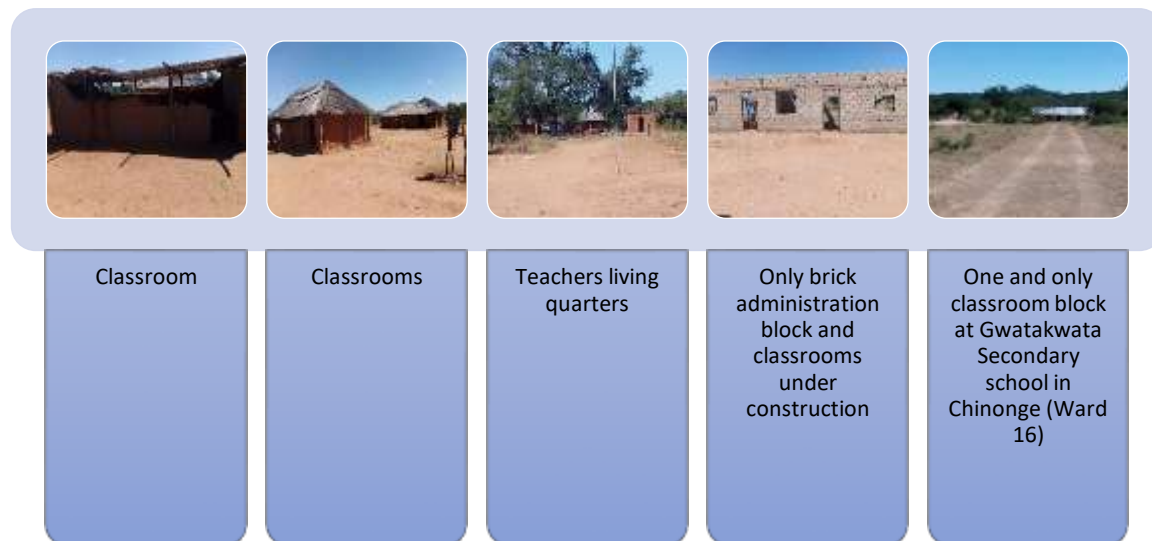
Note: First four picture inserts are from Zumanana Secondary School in Sinamagonde (Ward 21). The last insert is of Gwatakwata Secondary in Chinonge (Ward 16).

Figure 2: Examples of some of the satellite schools in the project areas

Figure 3: Model school: Kokoloza Primary in Sinamagonde (Ward 21)

The total school enrolment in the 5 project wards is 8569 (4113 male; 4456 female). The primary school enrolment is 6330 (3090 male; 3240 female) and that for secondary schools is 2239 (1023 male; 1216 female). Notwithstanding in and out of district transfers, the enrolment figures show that the number of children continuing education from primary to secondary level are very low. This evidence points to a high level of school dropouts after Grade 7. More on this is discussed in section 4.2.1 (b) below.

Table 6: School enrolment in RCPD project areas

Ward	Schools	Boys	Girls	Total
Pashu	Chinego Primary	289	269	558
	Kenkando Primary	76	83	159
	Malaliya Primary	222	224	446
	Manyanda Secondary	276	275	551
	Chinego Secondary	75	100	175
	Ward total	**938**	**951**	**1889**
Siansyundu	Mankobole Primary	153	168	321
	Chalumba Primary	99	117	216
	Siansyundu Primary	235	298	533
	Siansyundu Secondary	232	268	500
	Zambezi Secondary	74	66	140
	Ward total	**793**	**917**	**1710**
Sinansengwe	Sinansengwe Primary	297	309	606
	Mucheni Primary	179	187	366
	Chitete Primary	108	131	239
	Sinansengwe Secondary	78	72	150
	Ward total	**662**	**699**	**1361**
Sinamagonde	Kokoloza Primary	317	302	619
	Zyakamana Primary	148	173	321
	BMC Primary	154	158	312
	Gwangwaliba Primary	205	243	448
	Chibila Secondary	145	177	322
	Zumanana Secondary	42	108	150
	Ward total	**1011**	**1161**	**2172**
Chinonge	Tobwe Primary	199	177	376
	Gwatakwata Primary	233	211	444
	Mabobolo Primary	176	190	366
	Mabobolo Secondary	78	108	186
	Gwatakwata Secondary	23	42	65
	Ward total	**709**	**728**	**1437**
Total primary school		3090	3240	6330
Total secondary school		1023	1216	2239
Grand total in project area		**4113**	**4456**	**8569**
% of total		48%	52%	

b) *Reasons for missing school*

About 9.3% school going children reported to have missed school in the previous week before the survey. There were no significant differences between primary (10.3%) and secondary level learners (8.2%). Chinonge (14.6%) followed by Sinamagonde (12.8%) appear to have the highest percentage of children missing school (Figure 4).
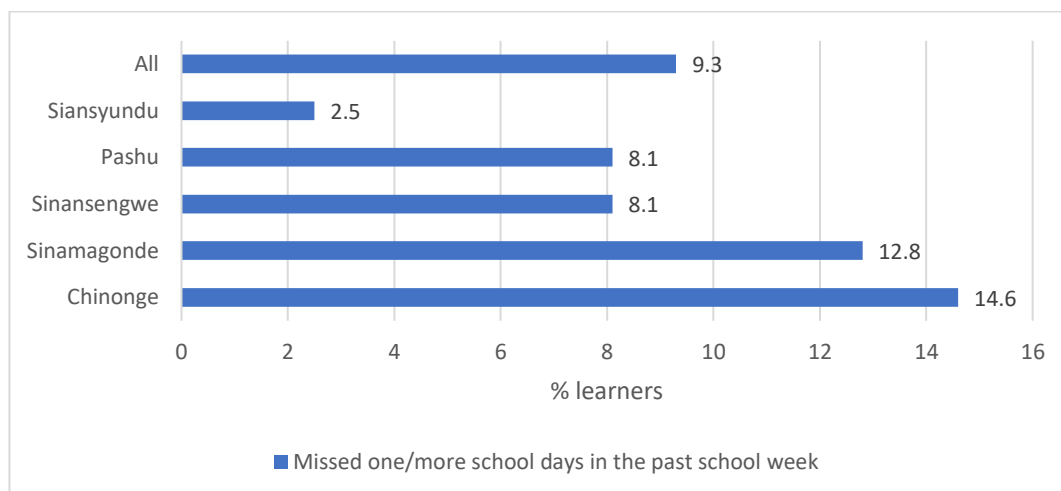
Figure 4: Children who missed school in the previous school week

Table 7 shows the major reasons why some learners missed school in the previous school week before the survey. Among the reasons is the need to work and contribute to household income, ill health, lack of school material (books and other stationary) and caring for sick household members (mother or grandparent). These reasons highlight the plight of children in the targeted wards regarding access to their basic right to education. Child labour, children assuming adult responsibilities and an apparent denial of the value of education by parents/guardians are inherent challenges in the project area. According to community-based volunteers, there are parents who completely transfer most of their responsibilities to children when it comes to household chores. It is therefore a common practice for children to do all household chores including chores that might be difficult for them to perform. CPCs/CCWs/VHWs in Sinansengwe said that it has come to their attention that at times children engage in paid labour, but the parents are the ones who receive the payment. Although they have noticed this, they have never intervened or questioned the rationale for fear of being bewitched.

Table 7: Major reasons for missing school

	Frequency	**Percent**
I have to work	4	30.8
Too sick to attend school	3	23.1
No money for school materials, transport	2	15.4
I have to care for household members	2	15.4
Did not have books/textbooks	1	7.7
Attending a funeral	1	7.7
Total	13	100.0

c) *Reasons for dropping out and never attending school*

Discussions with teachers revealed the presence of school dropouts in 9 out of the 10 schools that were visited during the baseline assessment. However, most were not sure of the actual numbers since they had just opened schools after a long time due to the lockdown because of the COVID 19 pandemic. Only 2 schools reported their dropout numbers from the 2020-2021 school calendar year. Gwatakwata Secondary had 14 school dropouts (9 boys and 5 girls) and Sinansengwe Secondary had 13 dropouts (6 boys and 7 girls). This shows that school dropouts are a challenge

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in the targeted wards. If 27 learners dropped out from 2 schools, the numbers for all the 25 schools are likely to be very high. The results from the parents/guardian survey confirm the above findings. About 15.2% parents/guardians (37 out of 244) reported to have at least one child of school going age who was not attending school and the percentage was high in Sinamagonde ward (22.2%) followed by Chinonge ward (19.2%) (see Figure 5). The children had either dropped out or never attended at all.
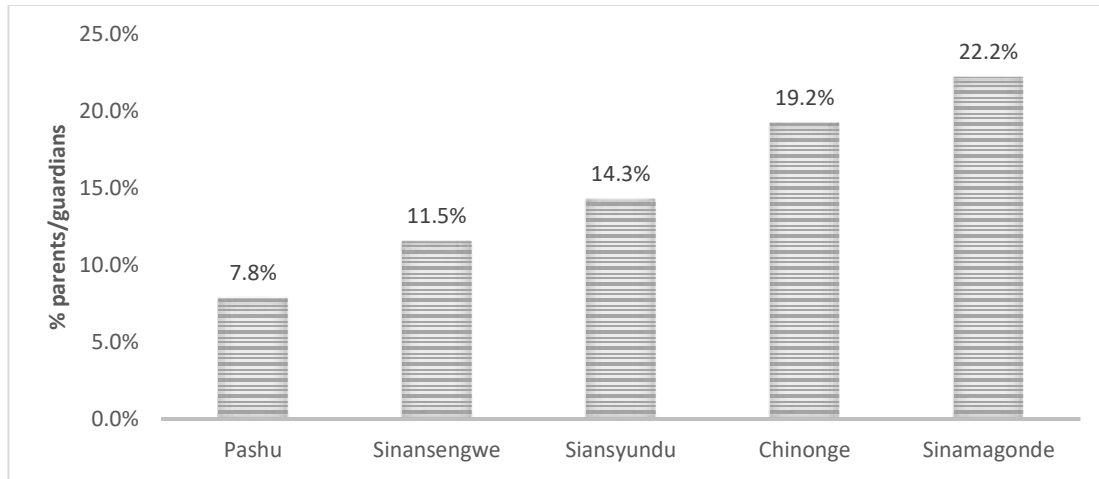
Figure 5: Parents/guardians with children of school going age not attending school

The major reasons cited for school dropouts or children not attending school are lack of fees, lack of school stationery and child's lack of interest in school (Table 8). Parents lack the financial resources required for them to pay fees and meet other obligations due to poverty. Most parents have livestock which they can sell but the challenge was with the unavailability of a market. The means of transacting also pose a challenge to parents as potential buyers prefer to use ecocash. Parents indicated that the majority do not have mobile phones to facilitate such transactions. In addition, schools were asking for fees in United States Dollars and FGD participants felt that this was beyond the ability of many parents in the targeted wards. Closely linked to the issue of fees is the failure of children to transit to Form one because they owe the primary school fees. Schools have a tendency of withholding results when fees have not been cleared.

Children's lack of interest in school was also mentioned in community discussions. They indicated that the communities lack role models, and that the people that children look up to are gold panners who themselves dropped out of school. One teacher from Mankobole Primary reported the presence of several Grade 7 learners who do not continue to Form one after they obtain their results. If not carefully followed up such children might not be accounted for as they would have graduated from primary school but are unknown to the nearest secondary school. The lack of interest in school is evidenced by girls who are supported by Campaign for Female Education (CAMFED) but they still drop out of school. These girls are provided with fees and all other requirements but still drop out to get married. It was reported that this challenge is most common among the girl child as some are given to marriage soon after Grade 7. The issue of teenage pregnancies though not mentioned by many parents/guardians it was emphasized by the schools and in the community discussions as a major reason why children drop out of school. It was reported that children are getting pregnant and being given to marriage as early as 12 years. The

practice of *"kutobela"* (eloping) has its roots in culture and is prevalent in the targeted communities. Therefore, girls who fall pregnant elope regardless of age and thus drop out of school in the process.

Table 8: Reasons for not sending children to school

Reasons for not sending children to school	Frequency	Percent
No money for school fees	30	81.1
No money for school materials, transport	7	18.9
Child does not like school	2	5.4
Child is too sick to attend school	1	2.7
Child has to care for household members	1	2.7
I do not want the child to go school	1	2.7
Child got married	1	2.7

Note: The question was a multiple response question so parents/guardians could give more than one answer.

Discussions revealed that there are parents who do not value education. These parents do not care whether a child misses school or totally drops out of school. Some of these parents say negative things about school whilst saying positive statements about getting married especially to *amakorokoza* (gold-panners) and *injiva* (those who have migrated to South Africa). The same parents are not willing to sell their livestock, if they have them, to pay school fees for their children.

Other cited reasons for not attending school are:

- *Distances*
Although all the targeted wards have schools, some of the children are traveling long distances. It was noted that there are children who walk for 10 - 25km (one way) to go to school. This phenomenon was observed in all the wards and was more common among secondary school children. There was evidence in some secondary schools of donated bicycles by CAMFED to girls so that they can easily travel to school. However, such support was not available to all children. Even some primary school children also travel long distances to come to school. Primary school children including those in ECD B walk long distances to school, e.g., those from Mabombo walk 7km (one way) to go to Tobwe Primary School. One child at Mankobole Primary reported that he travels about 10km (one way) to come to school. The issue of long distances indicate that the schools especially secondary schools are still not adequate despite the efforts by the MoPSE and other responsible authorities to address this challenge. Long distances to school endanger the lives of children by exposing them to abuse by opportunistic human and animal predators on the roads and vagaries of nature (rain, cold and heat). By the time they arrive at school, the children are already tired and sweaty, and thus lack concentration. Some indicated that they wake up as early as 3am to prepare for school and thus, sleep deprivation will mostly likely affect their academic and sporting performance. Satellite schools were built with the intention of addressing distance and the associated sexual harassment and abuse on the way to school or home and low pass rates. As discussed earlier, the satellite schools have significantly addressed the challenges as there has been a reduction in sexual harassment and improved retention. One of the outstanding challenges is that children still have to go to the mother school for national examinations. Most go and camp at the mother school to avoid travelling long distances on a daily basis. Although camping has the

advantage of eliminating the need to travel daily, the risk of sexual abuse is not eliminated. Children face the risk of sexual abuse during their stay at the mother school resulting in teenage pregnancies. Registering the satellite schools is seen as the ultimate solution as it eliminates the issues of distance and risk of sexual abuse either on the way to school or during camping episodes at the mother school.

- *Availability of teachers*

Interviews in schools revealed staffing inadequacies especially at primary level. Table 9 below shows the teacher learner ratio in 9 of the 10 visited schools. In schools such as Gwatakwata Primary and Kolokoza Primary the teacher learner ratio is 1:89 and 1:52, respectively. These figures are above the recommended government ratio of 1:40 which means teachers in these schools are overwhelmed and would not be able to give each child the attention they deserve. The most recent teacher pupil ratio for Zimbabwe is 1:36 obtained in 2013 (World Bank, 2020) and all the visited primary schools are above this national average. The teacher learner ratio for secondary schools is within the acceptable range.

Table 9: Teacher learner ratio in selected schools in the project area

Schools	Male teachers	Female teachers	Total teachers	Learners per teacher
Siansyundu Secondary	15	11	26	19
Zumanana Secondary	5	1	6	25
Sinansengwe Secondary	7	2	9	17
Gwatakwata Secondary	2	2	4	16
Chinego Secondary	5	6	11	16
Gwatakwata Primary	3	2	5	89
Mankobole Primary	4	4	8	40
Mucheni Primary	3	6	9	41
Kokoloza Primary	4	8	12	52

According to community leaders at Sinamagonde, the shortage of teachers translates to low standards of education. This in turn implies that the prospects of passing national examinations are very low. It was also alleged by different groups in some of the wards that teachers lack motivation to teach because of poor salaries. Therefore, some are now paying more attention to income generating activities in order to augment their salaries.

"sending children to school is a waste of time for the children and a waste of money for parents"
Community leader at Sinamagonde

- *Children with disabilities*

There are no special schools in the district to accommodate children with disabilities and most of the existing schools do not have proper infrastructure, e.g., ramps and proper toilets, to facilitate inclusive education. According to the Department of Social of Services at the Rural District Council, the local authority is aware of this inadequacy and has been seeking for ways to facilitate inclusive education. The coming in of Caritas to build toilets that facilitate wheelchair entry is therefore a welcome move. In addition, some schools in the district now have ramps and two doors to facilitate

emergency evacuations including those who are not able-bodied. Furthermore, schools do not have specialized equipment such as brailles and teachers to cater for some types of disabilities. The MoPSE confirmed that books, classrooms and teachers are all not inclusive so as to facilitative inclusive education. In fact, Binga does not have even a single specialist teacher. Apart from the non-preparedness of schools, children with disabilities also lack the necessary equipment to enable them to attend school, e.g., hearing aids and wheelchairs. Parents on the other hand also display negative attitudes towards children with disabilities. According to CPCs/CCWs/VHWs in Sinansengwe, some parents do not see the need of educating children with disabilities i.*e., "isilima sifanana lomuntu owafa kudala*" (a person with a disability is similar to a dead person). Therefore, mothers with children with disabilities quickly fall pregnant to have another child because the one with a disability does not count. There is no comprehensive database of children with disabilities since some parents hide such children. So, it is difficult to accurately state the number of children with disabilities who are out of school. Some of the children become known once there is a program that seeks to assist such children. However, the community felt that the presence of organizations like Ntengwe and Jairos Jiri in the district gives hope to children with disabilities.

4.2.2   Access to health services

Most children (97.2%) indicated that when they fall sick, they have access to medical services. The children reported that most such services are obtained from the local clinic/hospital (92.7%). The same question was asked to parents/guardians and the results confirm what was obtained from the child survey. About 87.7% parents/guardians have access to health services for their children whenever needed. This means 12.3% parents/guardians do not have access to health services for their children. Table 10 shows that their main challenge is the lack of money for clinic or hospital fees whilst others indicated that they have no health facility or it is too far away. All the targeted wards have a ward clinic. However, the challenge is that most of the wards are big and some facilities are not centrally located resulting in some residents being far away from the facilities. Focus group discussions revealed that some residents travel as much as 15-25km (one way) to access the nearest clinic or hospital. In Sinansengwe, VHWs cited a case of a 13-year-old girl who died due to pregnancy related complications. She had been referred to Binga but failed to go due to lack of bus fare. They also highlighted the plight of young expecting girls who fail to register their pregnancies in time either due to distance, lack of fees and to avoid any possibility of legal processes. Clinics require that any expecting mother passes through the VHWs who in turn issue letters to take to the clinic. Some young girls by-pass the VHWs fearing that they will alert CCWs especially in cases where the girls are under-age.

Table 10: Reasons for failing to access health services for children

Reasons	Frequency	Percent
No money for transport to health facility	2	7.1
No money for clinic/hospital fees	21	75.0
Health facility is too far away / no health facility	5	17.9
Total	28	100.0

The VHWs are present in the communities and assist in the provision of health services. Whereas they are expected to diagnose and treat minor ailments, their role is now limited to diagnosis only as they lack medication and other consumables. VHWs also conduct growth monitoring for children

under 5 years i.e., record weight and mid-upper arm circumference. Clinics conduct mobiles for immunisation purposes but these are not done every month, so children under 5 miss out on some scheduled doses. Mothers find it difficult to take children to clinic because of distance. Access to health services is also difficult for children with disabilities especially those who need constant monitoring and those needing specialised treatment. For example, there is a girl in Sinamagonde who suffers from urine and stool incontinence and the parents cannot afford the right accessories. She is approaching puberty which will further complicate an already dire situation. The girl needs specialised treatment but the family cannot manage to raise the necessary funds.

Some communities, e.g., Tobwe in Chinonge ward have now taken the initiative to construct their own clinic with support from the Constitutional Development Fund (CDF). This initiative will enhance access to health services by pregnant women and children, and thus will contribute to upholding of children's right to health. However, such progressive behaviour is not common in all communities and the CDF is not adequate to assist all communities in need given the geographical coverage of Binga district. Below are pictures (Figure 6) of the clinic that is under construction in Tobwe village.

Clinic main block (four rooms) almost complete

Health staff living quarters under construction (foundation level)

Figure 6: Tobwe clinic under construction in Chinonge (Ward 16)

4.2.3   Access to birth registration

Birth registration was a problem for about 11% of the child respondents (they did not have a birth certificate). The results show a significant relationship between birth registration and school enrollment (χ=10.13; p = 0.006)[1]. A higher proportion of children at primary school (15.6%) had no birth certificates compared to only 3.3% at secondary level. The situation is worse for out of school children with results showing that 22.2% such children did not have any birth certificates. These findings support results from the school survey where all visited primary schools reported that many

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[1] A p-value less than 0.05 (typically ≤ 0.05) is statistically significant meaning that the two variables under examination have a relationship. In this case, having/not having a birth certificate affects the chances of being/not being enrolled in school.

of their learners did not have birth certificates. The challenge is not so much at secondary school given that it is a requirement for one to have a birth certificate to register for Form 1 (see Table 11).

Furthermore, comparison by ward shows that Sinamagonde (15.6%) followed by Siansyundu (14.6%), Chinonge (10.9%) and Sinansengwe (8.3%) had the highest proportion of children without birth certificates. Pashu (2.7%) had the lowest percentage of children without birth certificates. Some of the wards such as Sinamagonde and Chinonge are far away from the Binga district centre where the birth registration offices are found. Those in Sinansengwe have to travel approximately 32 kms to Siabuwa. When there is no money for bus fares, people walk including children above 5 years. It even becomes more cumbersome when one fails to get assistance at Siabuwa and has to go to Binga. Thus, parents rely mainly on birth registration outreaches periodically conducted by the Department of Registry in partnership with the Ministry of Primary and Secondary Education. Without these outreaches most parents/guardians especially from far away wards cannot afford to travel to the district centre.

Table 11: School survey results on learners' access to their right to identification

Schools	Estimated % learners without birth certificates	Reasons
Siansyundu Secondary	0.002%	Procrastination
Zumanana Secondary	25%	Parents unavailable, some parents lack identification documents and lack of financial resources
Sinansengwe Secondary	0.007%	Not sure
Gwatakwata Secondary	0.015%	Separation of parents
Chinego Secondary	0%	N/A
Gwatakwata Primary	50%	Not given
Chinego Primary	60%	Financial challenges
Mankobole Primary	50%	Economic hardship, divorces, lack of awareness on importance of birth certificates and culture
Mucheni Primary	15-20%	Most have challenges with transport fares - US$10/trip to the district offices.
Kokoloza Primary	Not sure by many	Not given

Out of all the households that were interviewed, 26.2% had children who did not have birth certificates. Table 12 shows Sinamagonde had the highest proportion of children without birth certificates (46.3%) followed by Sinansengwe (34.6% and Siansyundu (20%). The greatest proportion of parents (20.6%) cited lack of money for transport as the major reason for not getting birth certificates for their children (Table 13). This was also raised through FGDs where participants indicated that the costs can be prohibitive especially if one had to travel with witnesses.

Mobile registration exercises are conducted but these do not happen on a regular basis. Furthermore, these were viewed by participants as means of registering potential voters rather than facilitating birth registration for everyone including children considering that they happen only

towards elections. In Sinamagonde ward, community and school interviews revealed that sometimes officials from the Department of Registry demand some form of payment especially at birth registration outreaches - to cover photocopying and other related cost. The department was however not available to confirm/deny these assertions or to provide more details on the cost of obtaining a birth certificate in the district. Those who try to avert transport costs and resort to walking have also faced other challenges such as getting to the offices late and at times joining long queues. In most cases, the offices get to close before they are served. The dilemma that they then face is that of deciding to go back home and try another day or sleep at the centre. Most said they end up resorting to sleep at the centres. Those who return home usually do not make another attempt. Another reason cited during FGDs is that too many questions are asked, and these deter parents from attempting to register their children. This is even worse for mothers who do not know the fathers of their children and they find it embarrassing when they are asked a lot of questions relating to the father of the child.

Table 12: Do all the children in your household have birth certificates?

	Do all the children in your household have birth certificates?	
	Yes (%)	No (%)
Sinansengwe	65.4	34.6
Siansyundu	80.0	20.0
Chinonge	86.5	13.5
Pashu	86.3	13.7
Sinamagonde	53.7	46.3
Total	73.8	26.2

It was also reported that some parents just do not understand the importance of a child having a birth certificate. Some of the challenges presented below can be overcome through provision of information and advice, e.g., when one parent refuses to cooperate or when a child is an orphan. Guardians looking after children whose parents are alive but nowhere to be found fear that they might be accused of trying to steal children. This is an indication of lack of correct and adequate information on how they can be assisted to get birth certificates for such children.

Table 13: Challenges faced by parents/guardians in obtaining birth certificates

Challenges parents/guardians face in getting birth certificates	Frequency	Percent
No money for transport to go to birth registration centre	13	20.3
Mother/Father left and nowhere to be found	10	15.6
No money to pay birth registration fees	6	9.4
Mother/Father has a no identity document	6	9.4
Child born during lockdown when offices were closed/ COVID 19 restrictions	5	7.8
Birth records are missing/ are not available	5	7.8
Parents divorced/Mother married to another man	5	7.8

Challenges parents/guardians face in getting birth certificates	Frequency	Percent
Tension between parents	5	7.8
Procrastination	3	4.7
Child is an orphan - no one taking responsibility	3	4.7
Mothers identify document was condemned/ it has errors	1	1.6
Father does not want them to get birth certificates	1	1.6
Applied but no response	1	1.6
Total	64	100.0

4.2.4   Access to COVID-19 Information

Awareness of COVID-19 is quite high among children in the project areas. Most (97.7%) indicated that they have heard about COVID-19. Figure 7 shows the major sources of children's information on COVID-19 are teachers, parents, radios, friends and clinics. Only 4.3% children reported that they directly accessed COVID-19 information from IEC materials mostly received through the schools and clinics. However, the information they received through the schools, parents, communities and community structures could have indirectly been obtained from IEC materials. This is so because some children said their parents received some IEC material from the clinics and hence, they had an opportunity to also read such materials. It is difficult to explicitly single out the extent of the effect of IEC materials on children's level of knowledge or to determine the number of IEC material received by children from the different sources.
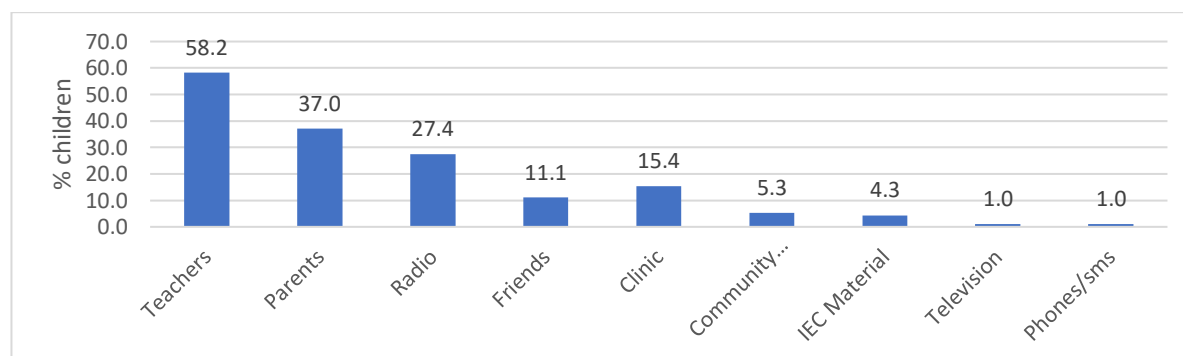
Figure 7: Children's sources of COVID-19 information

Most of the children also indicated that they understood the COVID-19 information they received. Those that had access to IEC material reported that such material was written in the local Tonga language and hence, easy to comprehend. Only 7.5% reported having challenges in comprehending information about COVID-19. These results are not surprising given the widespread COVID-19 awareness campaign by the government and its partners in Binga district. At the time of the survey Ntengwe had already started distributing IEC material in the project as part of the RCP&D project (see examples of some of the material in Figure 8 below). ADRA is another organisation that was mentioned as providing COVID-19 information. It was established that the organisation held awareness raising sessions during food distributions. Environmental Health Technicians (EHTs) and VHWs were also said to be providing information to parents on COVID-19.
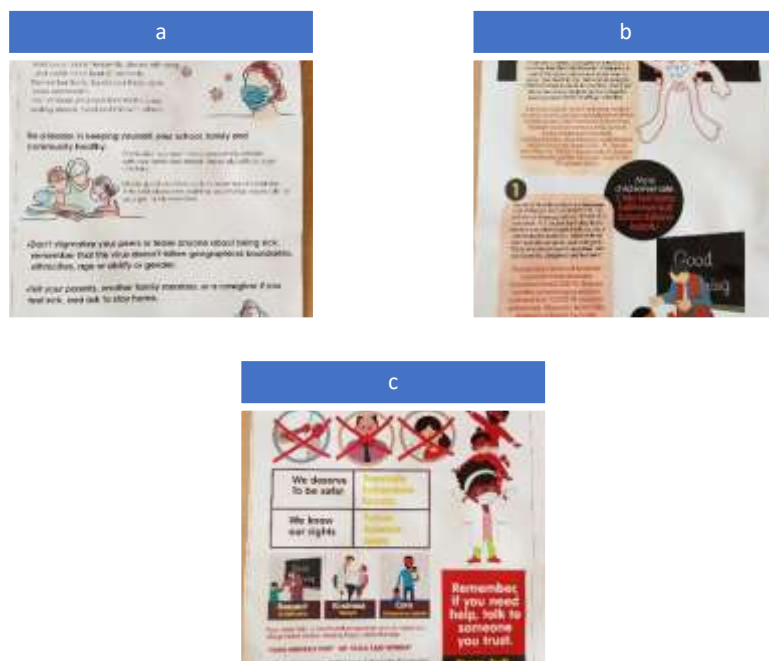
Figure 8: Ntengwe child-friendly COVID-19 IEC material

4.3　Knowledge and upholding of rights

a)　Knowledge of child rights

The results show that 52.8% reported that they know their rights as children. This means a significant proportion of children in the project wards are ignorant of their rights (Table 14).

Table 14: Proportion of children with knowledge on child rights

	Do you know what children's rights are?	
	Yes (%)	No (%)
Primary	41.2	58.8
Secondary	70.1	29.9
Out of school	22.2	77.8
Sinansengwe	65.0	35.0
Siansyundu	63.6	36.4
Chinonge	28.3	71.7
Pashu	83.8	16.2
Sinamagonde	31.1	68.9
Total (n=212)	**52.8**	**47.2**

Note: There was one missing value

Knowledge of child rights is significantly higher (χ = 23.6; p = 0.000) among secondary learners (70.1%) and least among out of school children (22.2%). The relationship between knowledge of

child rights and geographical location was also significant ($\chi = 38.3$; $p = 0.000$). A higher proportion of children from Pashu ward (83.8%) reported knowing their rights compared to the other wards while Sinamagonde has the least percentage of children who know their rights. Pashu ward has been supported in the past by Save the Children regarding child rights and protection. Table 15 shows that among those who said they know their rights, most only know one or two child rights. Only three children were able to identify four child rights. None identified more than four child rights. This shows that even among those that said they know their rights, their knowledge is limited and should be improved.

Table 15: Number of child rights identified/articulated by children

Number of rights known by children	Frequency	Percent
One right	23	20.5
Two rights	51	45.5
Three rights	35	31.3
Four rights	3	2.7
Total	112	100.0

The most common child rights known by children are the right to education (84.7%) and the right to basic needs such as food, health, shelter and clothing (69.4%) (Table 16). The other rights such as the right to freedom and peace, right to an identity, right to be heard and the right to be protected from abuse and harm, among others were mentioned only by a few children. The right to live in a productive environment and the right to family life (loving family) were never mentioned. The results show that generally knowledge of children's rights is still limited among children in the project areas. Indeed, this is so because children were finding it difficult to articulate their rights, and some were confusing child rights and children's responsibilities (see BOX 1 below).

Table 16: Child rights known by children

Child rights	Percent
Right to education	84.7
Right to basic needs (clothing, shelter, food, health)	69.4
Right to freedom and peace	16.2
Right to be protected from abuse and harm	15.3
Right to an identity	11.7
Right to play and recreation	10.8
Right to be heard	5.4
Right to life	4.5
Right to an adequate standard of living	1.8
Right to good governance	0.9

BOX 1. Things identified by children as rights, yet they are not

- Respect/greet elders
- Obedience to parents
- Assisting with household chores
- Being a responsible child
- Attend school everyday
- Wear your mask at all times
- Do not fight other children
- Do not eat food during lessons

b) Children's perception on the friendliness of their home environments

Most children (94.8%) indicated that they feel loved and protected at home. However, about 5.2% children reported otherwise. Most such children stay in broken families and are looked after by stepmothers or stepfathers. The children revealed that they feel neglected because their parents/guardians fail to send them to school, provide for basic needs such as clothes and blankets and are sometimes denied food. Some indicated that they feel that their stepmother does not want them whilst others are harassed and insulted by their stepfather. One child reported that her mother is sick and there is no one to assist whilst another said as a paternal orphan, he works for his own school fees and also fends for his mother and siblings.

Most children (75.6%) sleep in rooms/huts that provide adequate shelter from weather elements and burglars. However, 24.4% children indicated that they do not feel secure in the accommodation they have at home. Their right to decent accommodation/shelter is not met. A third of parents/guardians (33.2%) confirmed that they did not have adequate shelter for children. Related to this aspect is that 16.4% children also feel that their room/hut does not offer adequate privacy. This is mainly because they share one room/hut with their mothers and other siblings. Some reported that the shared room/hut is too small for the number of people that sleep in it. Bedding is also a challenge to 14.1% of the children. This is supported by results from the parents/guardians survey that showed that 27% have no adequate bedding for children.

Sixteen percent (16%) children reported that they have gone to bed in the past without eating food due to food unavailability. The figure was even higher in the parents/guardians survey where 40.6% reported that their children have slept without eating due to lack of food (Figure 9a). Most children that reported having slept without eating, revealed that it is something that occasionally happens (51.4%) whilst 17.4% reported that this frequently happens. Some children revealed that the challenge of food unavailability in their homes happens every year between November and February, the period just before the next harvest. According to parents/guardians food availability problems for children appear to be higher in Sinamagonde and Chinonge wards (Figure 9 (b)). However, according to results from the child survey the challenge is highest in Chinonge and least in Sinansengwe. The results are confirming that the problem is across all the five project wards.

| (a) | (b) |
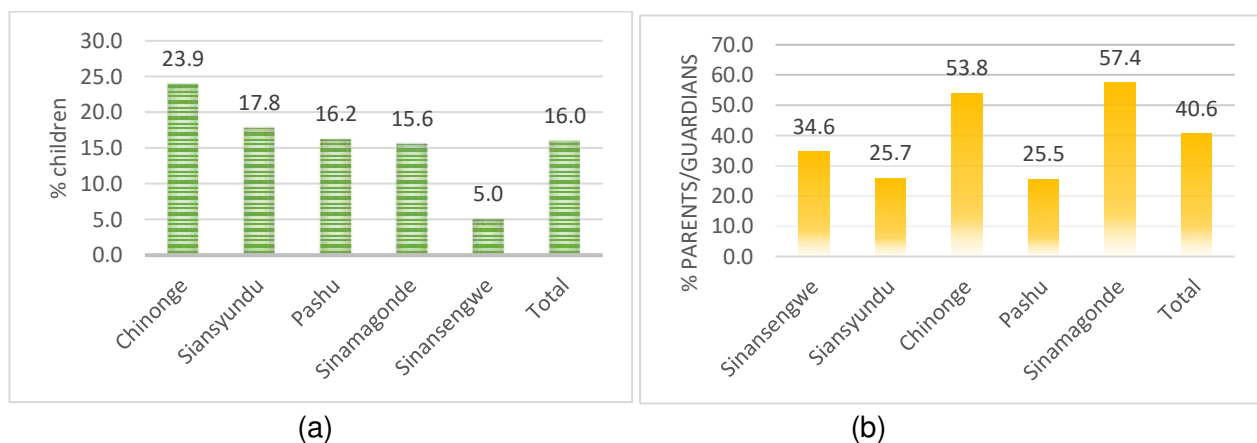
Figure 9: Children who have slept without eating by ward (a) child survey (b) parent/guardian survey

4.3.1   Parents' knowledge and ability to uphold children's rights

Most parents/guardians (61.1%) indicated that they are aware of children's rights (Table 17). Comparison across wards showed that Chinonge and Pashu wards have significantly higher proportions of parents/guardians who are aware of child rights. Sinamagonde ward has the least proportion of parents/caregivers with knowledge on child rights.

Table 17: Do you know what children's rights are? – Parents/guardians

	Do you know what children's rights are?	
	Yes (%)	No (%)
Sinansengwe	57.7	42.3
Siansyundu	57.1	42.9
Chinonge	73.1	26.9
Pashu	68.6	31.4
Sinamagonde	48.1	51.9
Total	61.1	38.9

Figure 10 below shows that, among those parents/guardians aware of child rights, about 73% only know at most two child rights and only 27% were able to identify three child rights. These results show that even though a high percentage of parents appear to have knowledge of children's rights, their knowledge is limited. Essentially, they know that children have rights but do not know most of these rights.
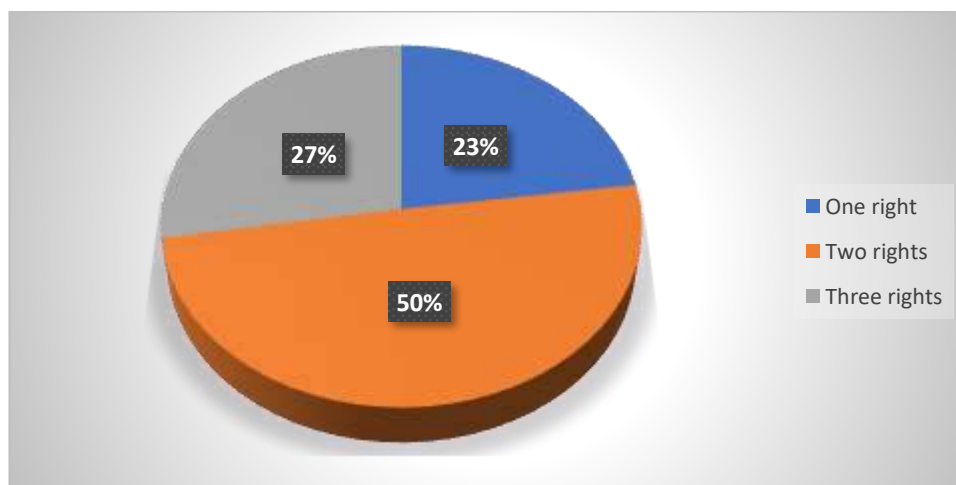
Figure 10: Number of child rights identified by parents/guardians

The most common child rights identified by parents/guardians are the right to education, right to basic needs (food, health, clothing and shelter) and the right to be protected from abuse and harm (see Table 18). Only 8.9% parents/guardians identified children's right to an identity while only 1.4% identified their right to be heard. These findings confirm findings from the community focus group discussions which showed that some parents do not understand the importance of having a birth certificate. Discussions also showed that some adults including community leaders are not keen on sitting in the same meeting with children. Children's right to a good governance and the right to live in a productive environment were not mentioned by any of the parents. The limited knowledge among adults could be fuelling the negative perception that most of them have about child rights. They believe that the concept is alien and has eroded cultural and moral values especially among children. Focus group discussions in all the wards revealed that adults perceive rights to be synonymous with children doing as they please i.e., parents no longer have any say on how children should behave or be brought up as this has been replaced by the concept of child rights.

Table 18: Child rights known by parents/guardians

Child rights	Percent
Right to education	92.5
Right to basic needs (clothing, shelter, food, health)	58.9
Right to be protected from abuse and harm	28.1
Right to freedom and peace	14.4
Right to an identity	8.9
Right to be heard	1.4
Right to an adequate standard of living	1.4
Right to life	0.7
Right to family life (loving family)	0.7
Right to play and recreation	0.7

Only 10.7% parents/guardians have received training on human and child rights in the past (Table 19). This explains the limited knowledge on child rights as discussed above. Proportionally more

parents from Chinonge have received such training compared to parents/guardians from other wards. But generally, the percentages of those that received training are very low across all the wards.

Table 19: Parents/guardians training in human and child rights

	Trained in human and child rights	
	Yes	No
Sinansengwe	9.6	90.4
Siansyundu	2.9	97.1
Chinonge	19.2	80.8
Pashu	9.8	90.2
Sinamagonde	9.3	90.7
Total	10.7	89.3

Table 20 shows that the training on human and child rights received by a few parents was provided mainly by community structures that work with children such as CCWs, CPCs and VHWs (42.3%), NGOs (23.1%) and schools (11.5%) and clinics (11.5%). The NGOs that were mentioned by parents/guardians include Regional Psychosocial Support Initiative (REPSSI), Save the Children, Mvura Manzi Trust, CAMFED, Mennonite Central Committee (MCC). Basilwizi and Ntengwe, among others. REPSSI also offers psychosocial support to children. By virtue of being among the providers of knowledge on rights, community leaders in Siansyundu blamed CCWs and CPCs for introducing rights into the community as they perceived that child rights erode cultural and social values. Adults seem not to trust the intentions of those who seek to empower children through the provision of knowledge on child rights as they are seen as fuelling conflict between parents and children. Adults questioned why organisations mainly target children and teach them about child rights in the absence of adults. They called to the creation of platforms where adults and children can be taught together. The creation of such platforms is necessary to address the mistrust and also eliminate information asymmetry between parents and children.

Table 20: Who is provided training in human and child rights?

	Frequency	Percent
CPC/CCW/VHW	11	42.3
NGO/CBO	6	23.1
Schools	3	11.5
Clinic	3	11.5
Community leaders	1	3.8
Government departments	1	3.8
Church	1	3.8
Total	26	100.0

Only 36.5% parents/guardians reported that they have been able to adopt child friendly parenting practices. The other parents/guardians are not sure (47.1%) while 16.4% have not been able to adopt such practices. There were no significant differences across the project wards. Table 21 present what the parents have adopted as child friendly parenting practices. Most said they make adequate provisions to meet the basic needs of children such as clothing, health and food, among

others. Some reported that they support their child's schooling whilst some make sure children have enough time to play or make time to play with them. Other common child friendly practices include telling and sharing stories with children and having counselling sessions. The findings in Table 21 reveal the gaps that exist in parents/guardians' knowledge on child friendly parenting practices. More work will be needed around issues such as giving a voice to children (listening more to children), child friendly communication, child friendly disciplining approaches, conduct that enhances a child's self-esteem and self-worthy and making time for children, among others.

Table 21: Adopted child friendly parenting practices

Child friendly practices	Percent
Provide for their basic needs - clothing, food, health etc	46.6
Support child in school/ educating my children	29.5
Give them time to play/ play with them	20.5
Telling and sharing stories	15.9
Counselling	12.5
Giving an ear to children	2.3
Teach children sound values and ethics about life	2.3
Spending time with children	2.3
Supporting children dreams	1.1
Encouraging children to go church	1.1

Note: The question had multiple responses

4.4   Schools survey

4.4.1   Availability of teachers trained in child rights and inclusion approaches

a) Number of focal teachers trained in child rights and inclusion

The study sought to determine whether the schools had teachers who were trained in child rights and inclusive approaches. Out of the ten schools that were visited, eight had teachers who were trained in child rights and inclusive approaches (Table 22). These indicated that the teachers had been trained during their teacher training. The two that said they did not have such teachers are Zumanana and Gwatakwata Secondary Schools. The only trained teacher that Gwatakwata had, had since transferred from the school. Four (4) out of the ten schools also said that they had focal teachers who had received training from NGOs. These are:
  i.   Siansyundu Secondary School – trained by Save the Children, MCC and Lubancho House
  ii.   Chinego Secondary School – trained by Mvura Manzi Trust working with CAMFED and MoPSE
  iii.   Chinengo Primary School – trained by Save the Children
  iv.   Mucheni Primary School – trained by Ntengwe and REPSSI

Table 22: Number of teachers trained on child rights and inclusion approaches

Schools	Received training	No. trained at college	Focal teachers trained by NGOs
Siansyundu secondary	Yes	18	2
Zumanana secondary	No	5	0
Sinansengwe secondary	Yes	9	0
Gwatakwata secondary	No	4	0
Chinego secondary	Yes	11	2
Gwatakwata primary	Yes	5	0
Chinego primary	Yes		1
Mankobole primary	Yes	8	0
Mucheni primary	Yes	9	1
Kokoloza primary	Yes	8	0
Total		**77**	**6**

b) *Number of trained teachers adopting child rights and inclusive approaches in their schools and clubs.*

The schools with trained focal teachers also reported that these are adopting child rights and inclusive approaches (Table 23). However, most schools except Chinengo Primary and Secondary, could not give accurate figures for the number of the other teachers who have managed to adopt the concept of child rights and inclusion. In general, teachers in the different schools are facing challenges in terms of applying their knowledge on child rights. These include the negative attitudes that parents and community leaders have. The vision to have inclusive education, especially to cater for children with disabilities, had been frustrated by a lack of resources i.e., human, infrastructure and technical equipment in particular. Most schools do not have teachers who are trained to assist children with more severe forms of disabilities. Schools also do not have the required infrastructure and equipment like braille. The approach needs more than just knowledge for it to be applied successfully. It is worth-noting that the MoPSE has no policy on inclusive education. This is still in a draft stage.

Table 23: Number of teacher that have adopted child rights and inclusion approaches

Schools	Focal teachers adopting CR and inclusion approaches	Other teachers adopting CR and inclusion approaches	How?	How easy/ difficult
Siansyundu Secondary	2	Few	Adoption not fully realized due to lack of resources. School lacks facilities for children with disabilities. School has 3 learners with disabilities	Difficult because of lack of specialized teachers. Need to promote e-learning to limit movement of children with disabilities. Adequate textbooks needed
Zumanana Secondary	0	None	NA	Community does not really understand child rights and a lot of sensitization is required
Sinansengwe Secondary	0	Most	Teachers provide extra lessons to those with challenges. Children with hearing challenges sit closer to the teacher	Not that difficult. However, there is a need for specialized services for disabled children in extreme cases. School has no such services
Gwatakwata Secondary	0	None	Difficult with limited knowledge but try to involve children more and hear their voice in guidance and counselling	Village heads are very influential, and they have a negative attitude towards child rights. Need awareness raising
Chinego Secondary	2	11	School has a CPP which is followed by all teachers. In delivering lessons children are made to be part of the process. School has clubs such as the Health club that addresses many CP issues. School offers a platform for children to engage and teach their peers	Difficult to demystify community beliefs and values. Hence, the community needs to be part of the process
Gwatakwata Primary	0	Not sure	Heritage lessons - but taking note of children with disabilities (hearing and physical disabilities)	Child rights might be difficult to implement because of lack of resources
Chinego Primary	1	1	Introduced a suggestion box and was teaching learners on rights and reporting	Challenges will be reduced if the community is part of the programme. They also have a responsibility over the welfare of their children
Mankobole Primary	0	None	G&C knowledge helping teachers to be inclusive - have 7 children with various forms of disability. Those with vision impairment are encouraged to sit in front and teachers exercise patience with those with speech impairment. School also has clubs to encourage child participation	Challenges will be encountered from the community. Child rights are being violated in the community. There is a lot of domestic violence, some parents do not value education and church doctrines especially from Johanne Marange Apostolic Sect exacerbate the violations. Drought also a major problem.
Mucheni Primary	1	Few – knowledge is not adequate	There is an inclusive toilet and there are plans to pathways and ramps. School has 3 disabled children (speech and hearing, physical and mental). No trained sign language teacher and thus it's a challenge especially the language subjects.	
Kokoloza Primary	0	Difficult to say but most need training	Remedial program. Those with disabilities sit next to the teacher	Very difficult to adopt- there is need for a special class

4.4.2 Clubs for promoting and protecting child rights

Only one of the 10 schools (10%) that were visited, i.e., Siansyundu secondary, had a Girl Empowerment Movement/ Boy Empowerment Movement (Gem/Bem) club at their school. The rest of the schools do not have such clubs. Siansyundu secondary received support from Save the Children, MCC and Lubancho House around child rights and child protection. The Gem/Bem club at the school is run by trained teachers and focuses on boy/girl child roles, child abuse, peer to peer teaching and debates and dramas on topical child protection issues. Besides the peer-to-peer teaching, dramas and debates, the Gem/Bem club at Siansyundu secondary participated in the development of the school's child protection policy (see Figure 9). The policy is said to have helped the school including teachers to be child focused in their teaching and learning approaches. The club has led or participated in five (5) child focused initiatives.

Though most of the visited schools do not have Gem/Bem clubs, they do have Guidance and Counselling (G&C) and school health clubs which they said sometimes address child protection, among other issues. The health clubs were said to be instrumental in health awareness raising at the school especially around water and sanitation. These clubs offer a platform from which Ntengwe can support the establishment of functional Gem/Bem clubs in schools.

Figure 11: Child Protection Policy at Siansyundu Secondary School

4.5 Community based structures

4.5.1 Number of active CPCs in the target wards

a) Child-led CPCs

According to the MoPSE all schools are mandated to have a child-led CPC that works with school authorities to identify child protection issues at the school. The results show that 8 out of the 10 schools that were assessed reported that they had a child-led CPC in the past. Only two indicated that they had functional child-led CPCs. Most of the schools report that the child-led CPCs were never reconstituted after the initial members had completed their secondary education or moved to secondary school. The closure of the schools due to the COVID-19 lockdown in 2020 worsened the situation.

Interviews with children who form the child-led CPCs at the two schools where the structure was present (Gwatakwata Secondary and Siansyundu Secondary) showed that the CPCs members had just been selected after the reopening of schools in 2021. Some, especially at Siansyundu Secondary have not been trained. Those at Gwatakwata Secondary were constituted in 2019 and received a one-day training. Children from both child-led CPCs demonstrated a limited understanding of child rights and protection issues. They also lacked confidence and assertiveness and were also not aware of their role as child-led CPCs. Those at Gwatakwata Secondary reported that they never really worked since their training because reporting of child abuse cases was supposed to happen through mobile phones which were promised but never came. In Sinasengwe, adult CPCs indicated that they have a child-led CPC but they had never been trained. They had requested Save the Children to train the child-led CPC but this did not happen. They ended up conducting the training themselves. The discussions also revealed that interactions between the child-led CPCs at schools and the adult-led CPCs in the community was non-existent. This is not surprising given that only 35.8% children were aware of the adult child protection committee in their community.

Though the two child-led CPCs had limited understanding of child protection, they were able to identify major challenges facing children such as:

- Early marriages – it was reported that they were cases of children in the same class impregnating each other and dropping out of school for marriage.
- School dropouts.
- Neglect by some parents – some parents do not care even if a child does not go to school.
- Child labour – some children are over-worked and work not fit for their ages.

b) Adult-led CPCs

All the wards that were visited have functional adult-led CPCs. Although the CPCs were found to be functional, their effectiveness is of concern. Some of the key factors limiting the effectiveness of CPCs are listed below;

- *Presence of CPCs/CCWs who were not trained at all or were not properly trained*– training is usually delivered using the training of trainers (ToT) approach. This is done with the hope that the trained cadres will pass on the knowledge to others. This does not always work as some fail totally to give feedback whilst other do give feedback but are unable to explain well or respond to questions posed by others.
- *Lack of resources* – CPCs, CCWs and VHWs all indicated that their effectiveness was constrained by the general lack of resources. This was more apparent for CPCs as compared to CCWs and VHWs.
- *Attitudes of community leaders* - In Siansyundu, the CCWs/CPCs/VHWs bemoaned the attitude of community leaders who they referred to as "central defenders". They felt that the community leaders where difficult to work with and were stifling progress hence the name "central defenders". It was alleged in Siansyundu and Sinasengwe that the community leaders stifle reporting of cases and referrals. CCWs and CPCs fail to take up cases once the community leaders intervene. So, many cases remain unresolved. Most of the community leaders were not trained on child rights and their understanding is limited.

- *Limited feedback from district offices* – the CPCs/CCWs have become demoralised by referring cases to the district offices but not receiving any feedback. They felt that this was undermining their efforts and at the same time creating room for them to be mocked and threatened by community members especially those who violate children's rights. Lack of feedback also means that cases remain active in the records of CPCs/CCWs even if the case was resolved at district level. On the other hand, community members who report cases to CPCs/CCWs end up giving up after making series of follow-ups to no avail. This leaves plaintiffs wondering whether there is any benefit in reporting cases to CPCs/CCWs.
- *Lack of motivation for CPCs* - The incentives received by CCWs, in particular bicycles, T-shirts and hats has created tension between the CPCs and CCWs. Some of the CPCs were said to be deliberately missing monthly meetings citing transport challenges. When Lead CCWs ask, they are reminded that CCWs have bicycles, yet CPCs do not have them. The main challenge is that most of the responsibilities are the same, just that CCWs have more coordination and more reporting responsibilities.
- *Fear of being bewitched* – fear of being bewitched is real among CPCs/CCWs and is constraining their work. Due to fear, they hesitate to correct parents who abuse their children, to report cases of abuse, or to intervene where there are conflicts that disadvantage children. Some alleged that threats of witchcraft can be pronounced anytime, and these are usually not bluffs but threats to be taken seriously. This fear of witchcraft is not limited to CPCs/CCWs but to the general population. Some CPCs/CCWs explained that this has resulted in the culture where people do not intervene in issues that do not concern them. Therefore, as CPCs/CCWs, they try their best but are always careful not to interfere with other people's issues.
- *Police do not protect identities of whistle*-blowers – CPCs/CCWs indicated that they are generally concerned about the well-being of children and know the importance of reporting cases to the police where crimes have been committed. They are however hesitant to report to police because these disclose names of whistle-blowers resulting in conflict between CPCs/CCWs on one hand and parents on the other hand. This is apparent especially in cases of child marriages. Parents in most cases prefer to negotiate and allow underage girls to get married. If the matter is reported to the police by a CCWs or CPC member and the name is disclosed, conflicts ensue.

4.5.2   Linkages of CPCs and other community-based structures

Child Protection Committees are a structure under the Department of Social Services. Case Care Workers are members of the CPCs but they have added responsibilities as compared to other CPC members. According to CPCs and CCWs, their core mandate is to protect the rights of children; identifying and reporting cases of abuse, passing on knowledge about rights and responsibilities of children. On the other hand, Village Health Workers are an extension of the health services provision system; providing basic health care to both children and adults at community level. Their area of common interest is the well-being of children. It was noted that although they have common interests, there are no strategies for ensuring that these cadres work together. There are no guidelines on how CCWs/CPCs can collaborate with VHWs. This includes referrals of cases that have been identified by one cadre but requiring the attention of the other. However, some have found means of collaborating and even doing joint visits to children whenever necessary. In general,

these structures function well with each cadre knowing the roles and responsibilities of the other. There is information asymmetry among the structures since these are trained by different organisations separately. It would be beneficial to have joint training sessions on issues of common interest. It was suggested by the cadres that it this would facilitate working together harmoniously.

CPCs/CCWs in most of the wards were known by community leaders and some have the privilege of being given time to address gatherings convened by the community leaders. In some wards, it was learnt that there is need to make the structures more visible and known to community leaders. Community leaders at Sinamagonde said that they knew the CPCs/CCWs but are not exactly clear about their mandate. In Siansyundu, community leaders are not working very well with CPCs/CCWs as each group accuse the other of wrong doing.

4.6 Knowledge and reporting of cases of child abuse

4.6.1 Knowledge of child abuse among children and parents

Most of the children (87.3%) said that they knew what child abuse is (Table 24). The proportions were high among primary (90.7%), secondary (88.8%) and out-of-school children (61.1%). It is however worth-noting that the proportion of those who said they were not sure was highest among out-of-school (16.7%). On the other hand, a total of 88.5% of the parents indicated that they know what constitutes child abuse.

Table 24: Children's knowledge of child abuse

	Do you know what child abuse is?		
	Yes (%)	No (%)	Not sure (%)
Primary	90.7	8.2	1.0
Secondary	88.8	9.2	2.0
Out of school	61.1	22.2	16.7
Total	87.3	9.9	2.8

Pearson Chi-square =18.23; p = 0.001

Table 25 presents the responses from both adults and children on what constitutes child abuse. Child labour was identified by 84.7% of adults and 61.5% children whilst sexual abuse was mentioned by 52.3% of adults and 71.7% of children. The responses generally show that both adults and children have some knowledge on what abuse is but might not necessarily know how to classify these. The high knowledge of child abuse generally conflicts sentiments from CCWs/CPCs/VHWs who felt that reporting of cases of abuse is low because people do not know what abuse is. They were of the opinion that abuse in its different forms is prevalent but people do not consider it as abuse and thus do not report.

Table 25: Forms of abuse identified by both adults and children

	Adults (%)	Children (%)
Child labour	84.7	61.5
Sexual	52.3	71.7
Physical	52.3	54.0
Emotional	32.9	14.4
Neglect	33.3	16.0
Verbal	24.1	21.4
Child marriage	2.3	9.6
Forced to do drugs	0.0	0.5

4.6.2   Reporting of child abuse cases

a) Reporting to school authorities

Reporting of child abuse cases at the school is almost non-existent. All but one school had received a report of a child abuse case at the school. The case was recorded at Gwatakwata Secondary School and it involved a child who was being ill-treated by their stepmother. The case was referred to the District Child Protection Committee through Basilwizi but the outcome was never communicated. Though no cases of abuse were reported at Chinego Secondary, the school authorities identified 13 cases of teenage pregnancies/marriages. The children were between 13-16 years, and two of the cases were reported to the police. The cases were never resolved because the parents intervened saying they had resolved their differences at community level (by this they meant they had consented to the child marriage and were paid lobola). The parents were so angry at the school for reporting and due to fears of being bewitched, the teachers did not report any other such cases thereafter.

b) Reporting by children and parents

Reporting among children is also very low. Only 2.9% parents/guardians (7 of them) reported that they had children who have reported cases of child abuse in the past. These cases were reported to police, CPC/CCW/VHW and community leaders. Only 2 out of the 7 reported cases were resolved. Results from the child survey show that only 2.6% children had ever reported a case to a CPC, which were never resolved. However, though reporting is low, knowledge on where to report child abuse cases among children is relatively high. About 69.8% indicated that they know where to report and the percentage was higher among primary school children and lowest among those out of school (see Table 26). However, Figure 10 shows that most children only know that they can report to the police. Only 22.8% know that they can also report to an adult CPC or any other community structure such as community leaders and teachers. This demonstrates their limited knowledge of the reporting mechanisms. The limited knowledge of the reporting mechanism stifles reporting of cases.

Table 26: Knowledge of where to report abuse cases among children

	Do you know where to report any case of abuse	
	Yes	No
Primary	82.5	17.5
Secondary	63.3	36.7
Out of school	35.3	64.7
Total	69.8	30.2
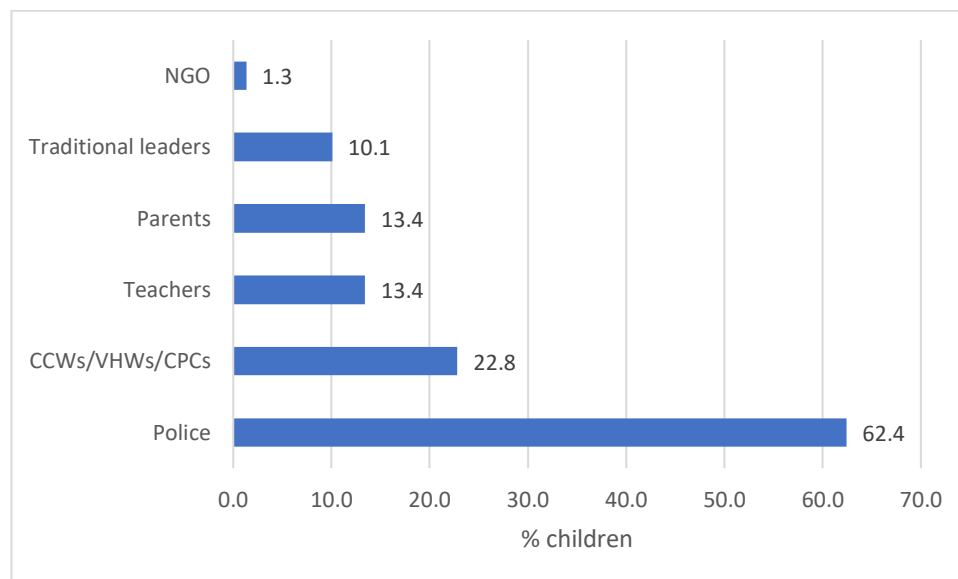
Figure 12: Where to report child abuse cases- children

Similar to the results of the child survey, most parents (72.5%) said that they know where to report cases of child abuse. Most identified the police (61%) and only 31.1% identified CPC/CCW/VHW. Only 6.2% would report to traditional leaders. This clearly shows that the community either does not understand the role of community structures (particularly the CPC and CCWs) or community leaders in the identification and reporting of child protection and abuse issues or they do not trust them. On the other hand, CPCs and CCWs indicated that on average they handle between 1-3 cases of abuse per month individually (excluding cases relating to absenteeism which are prevalent in the community). Cases are at times reported only if parties involved fail to agree. Whatever the situation, it has resulted in under-reporting of child abuse cases in the project wards.

It was difficult to determine the actual number of cases that were referred to district level and subsequently resolved. One district officer explained that the system for reporting, following up cases and providing feedback is there. The challenge is usually that of resources. At times cases that are reported to the district level are dealt with but feedback might not necessarily be given to structures and concerned parties on the ground. Therefore, there is no closure of cases, there is lack of motivation on the part of the CPCs and CCWs who cascade issues to the district, and there

are also threats and mockery of CPCs/CCWs. Some cases fall off because of a lack of evidence. According to CPCs/CCWs/VHWs, follow-ups are made on very serious issues especially rape. In the same manner, the number of cases successfully resolved by community structures was difficult to establish. Minor cases that easily get resolved are not necessarily counted as issues worth recording.

The coming in of Justice for Children Trust (JCT) has given hope to some that cases involving children might receive more attention and be resolved for the benefit of the children. There is need to create awareness among children about the presence of the organisation in the district.

4.7   Participation of Children

4.7.1   Participation of children in child-led activities

Participation in commemorations attended and led by children from the target wards
Only 0.9% (2 out of the 213) children participated in some commemoration led by children in the past 12 months before the baseline survey. However, they were not able to identify the events/ commemoration. Commemorations could also have been affected by the nationwide COVID-19 lockdown. The results from the school assessment show that only 3 out of the 10 schools had such child-led commemorations in 2019, Sinansengwe Secondary, Gwatakwata Secondary and Kokoloza Primary. The children from the two secondary schools participated in the Day of the African Child commemorations supported by Basilwizi while those from Kokoloza primary were involved in a day to celebrate African culture hosted at ward level.

Participation in other activities that are led by children in the targeted wards
Only 4.2% children indicated that they had participated in some child-led activities in the past 12 months before the survey. This shows the scarcity of child-led activities in the project wards. This is despite the results of the interviews with schoolteachers that suggested that there were some child-led activities. Below are some of the child-led activities mentioned during the study;
- Health activity awareness in schools
- Junior Member of Parliament and Junior Councillors represent children issues at the national and Rural District Council (RDC) level
- Dramas on child protection issues
- Peer to peer counselling sessions by child-led CPC (when functional)
- Bible study and other youth activities organized by churches
- Peer education promoted by Basilwizi on sexual and reproductive health

Parents and community leaders lamented the lack of child-led activities including those for recreational purposes. They felt that the absence of such activities was contributing to idleness of children resulting in child pregnancies and marriages.

Advocacy initiatives on child marriages and birth registration targeting duty bearers led by children from the target wards

There were no advocacy initiatives on child marriages, birth registration or on any other issues that were led by children. Adults who participated in FGDs in Pashu professed that they did not know the duty bearers, and this is even worse for children. When it comes to government ministries/departments and their officials, they were only knowledgeable about the Ministry of Primary and Secondary Education.

4.7.2   Participation of children in community and district level meetings

Communities reported that they do have dialogues on child protection and culture as part of their broader community meetings agenda. However, participation of children in such dialogues, whether at community or district level, is very low. Only 1.2% parents/guardians report that their children have participated in meetings with the community and district stakeholders in the past 12 months before the survey. The child survey showed that 2.8% (6 out of 213) children had participated in such meetings. This was confirmed by FGD participants who mentioned that children do not necessary participate in community meetings or in any community dialogues on culture and child protection. They also do not participate in district meetings with stakeholders. The results are not surprising given the culture in the project wards which says it is taboo for a child to sit in the same meeting with adults. However, some of the community leaders pointed to the lack of participation of children in community meetings or any dialogues to the children themselves. They blamed children for shunning community meetings even if they are invited. Community leaders therefore no longer feel obligated to invite them anymore. The attitude exhibited by most participants was that the children's views, needs and concerns are adequately catered for by CPCs and CCWs who attend community meetings. For instance, community leaders at Siansyundu felt that the views and concerns of children were adequately taken care of since there is a community-based child-led CPC and this structure holds meetings with the adult–led CPC. However, this only works where the child-led CPCs is functional and effective. It is envisaged that the participation of children in community and district level meetings will be enhanced by the establishment and strengthening of child-led CPCs, establishment of Junior School Development Committees in schools and resuscitation of the Junior Members of Parliament and Council.

4.7.3   Participation of children in project activities

The results show that children are seldom involved in analyzing their life situation, considering solutions, influencing duty bearers and assessing the impact of project activities. Almost all children (99.1%) did not participate in any programme review meeting in the past 12 months before the baseline survey. Only 5.2% children reported to have participated in programme activities implemented by Ntengwe in the past 12 months. Most such children were from Sinansengwe followed by Pashu and Siansyundu. These are the wards that were visited by Ntengwe in December 2020 when they were soliciting for children's contribution to the project design through the problem tree and solution exercises. One stakeholder suggested that there should be child-friendly and practical tools that can facilitate the participation of children especially in monitoring and evaluation purposes.

It is however worth-noting that Ntengwe has been using a project-based M&E system that minimally involved children. The organization has now migrated to an organizational-based M&E system that is more comprehensive in its approach. Under the old system, children were only involved in the quarterly monitoring reviews through experiential learning. The intention, in the RCP&D programme is to have children participate at all stages of the project life cycle, i.e., project identification, design, implementation, evaluation and documentation of lessons learnt. A 2004 book by titled 'Child Participation' by Paul Stephenson, Steve Gourley, Glenn Miles provides an easy-to-follow guide and tools on enhancing meaningful participation of children in the project cycle including M&E. There is evidence to show that Ntengwe has already started using some of the available child-friendly and practical tools that allow children to participate in the project processes. In designing the programme, Ntengwe consulted with 101 children from three of the targeted wards to help identify the child protection violations and solutions in their communities. The organization's MEAL processes already have provisions for 60 children from the 5 operational wards (12 per ward) to be directly involved in M&E processes. The children will be part of the programme quarterly and final review team and will feedback to their peers through their structures such as Gem/Bems and child-led CPCs. Beside developing child-friendly feedback forms and checklist, Ntengwe also plans to use the traditional tools such as storytelling, dramas, play therapy, experiential learning, mind and body mapping, drawings to increase children's participation in M&E processes.

4.8 Comments on the RCP&D Programme indicators

The baseline study has looked at the indicators whose values were supposed to be established and found some to be difficult to measure. Some of the indicators are composite in nature, i.e., they comprise of a set of variables. For instance, the indicator "*number and proportion of children accessing basic services and rights including education, health and birth registration*" has many variables and the study has recorded values for these variables separately. The indicator 'Changes in knowledge and practices on child protection' is also another composite indicator measured by several variables. The indicator "*number and proportion of children whose rights are currently protected and upheld*" is difficult to measure as currently stated. The study had to define what "protected and upheld" meant and determine variables to measure this. These include adequacy of accommodation, access to clothing, food among others. Similarly, some indicators may require alterations to be more meaningful. For instances, *"Number of focal teachers trained in child rights and inclusion"* includes those that are not necessarily trained by the programme. Altering the indicator to *"Number of focal teachers that received training on child rights"* makes it more specific to the programme. Furthermore, some outcome indicators in the current log-frame appear as output indicators which will make it difficult to measure the effectiveness and impact of the programme. For example, 'Number of teachers trained in child rights and inclusion' as an outcome indicator would rather be measured as 'Proportion of teachers trained in child rights and inclusion'. The study has thus made some alterations and changes as seen on the dashboard.

5 CONCLUSIONS AND RECOMMENDATIONS

The study makes the following conclusions and recommendations:

Conclusion: Teachers have a fair knowledge about child rights and inclusion approaches but find it difficult to adopt these in a meaningful manner. The lack of appropriate resources has impeded the adoption of the concept of inclusivity of learners in most schools. Schools also do not have clubs primarily established for the promotion of child rights in schools.

Recommendations:
- Ntengwe has the opportunity of making a difference by training teachers and ensuring that each targeted school has a teacher trained on child rights and inclusion approaches.
- These can be assisted to establish and run Gem/Bem clubs in their schools as a means of promoting the adoption and implementation of the two related concepts. The organisation is therefore urged to implement the key activities that will assist teachers to promote inclusion approaches, child rights, safeguarding, and reporting mechanisms as outlined in the RCP&D Theory of Change (ToC).

Conclusion: The knowledge of child rights is generally low among parents/guardians. Low knowledge levels have perpetuated misconceptions about the concept of rights among parents and community leaders. This has also sustained harmful socio-cultural practices in the targeted communities. The low levels of knowledge, coupled with inability to meet costs for basic services due to poverty and negative attitudes among parents/guardians have negatively affected the well-being of children. In addition, lack of parenting skills in the target communities was identified as another factor resulting in the violation of child rights.

Recommendations:
- The parents' knowledge about child rights needs to be enhanced as the first priority in this area.
- There is also need to address the attitudes of parents so that they can value access to basics such as education and birth registration. This can be done through awareness creation especially targeting parents/guardians.
- Strategies for addressing negative socio-cultural influences particularly those that affect children should also be developed and promoted under the RCP&D programme.
- Programme activities should also assist parents with parenting skills e.g., how to discipline children without resorting to corporal punishment, how to embrace and care for all children in the same manner (non- discrimination of children) and how to parent stepchildren.
- It is recommended that Ntengwe replicates some of the activities that were implemented in previous programmes (e.g., the Integrated Response to Orphans and Vulnerable) that seek to improve attitudes held by parents regarding children with disabilities. This should be done with the aim of ending discrimination and placing value on such children.
- There is need to assist parents to know that listening/consulting children does not erode their authority as parents.

- In addition, Ntengwe should also consider profiling role models in the targeted communities as a means of addressing negative perceptions held by parents regarding the value of education.

Conclusion: Adult-led CPCs are functional in all the wards, but their effectiveness is limited by a myriad of challenges. CPCs need to be made more effective by addressing challenges that they are facing such as intimidation, weaknesses in the reporting system and a general lack of resources. On the contrary, most of the schools do not have child-led CPCs. Those that are in existence need to be made more effective.

Recommendations:
- It is essential to build the capacity of CPCs through trainings and refresher courses and lobby for the provision of adequate resources.
- Ntengwe can also promote linkages with other community structures especially VHWs, community leaders and teachers.
- Their effectiveness should also be addressed by addressing socio-cultural norms and practices that limit their effectiveness. It is necessary to address challenges faced by CPCs especially lack of resources, fear of witchcraft and causing disharmony in the communities.

Conclusion: Knowledge of rights is low among children especially those in primary school and out of school. Progression rates from primary to secondary are low and are partly influenced by child marriages and not having birth certificates. Children have also been found to be erroneously observing socio-cultural practices that negatively affect them. The study therefore concludes that it is important to empower children with knowledge about rights and also assist them to be proactive in addressing socio-cultural practices and demanding their rights.

Recommendations:
- Ntengwe should proceed with the implementation of planned activities that are meant to improve knowledge among children. The concept of rights should not be divorced from that of responsibilities. It is important to ensure that children know their responsibilities and understand that having child rights does not mean being disrespectful and adopting delinquent behaviour. There is need to assist children to know that being consulted or listened to do not mean that parents are weak or naïve but is an opportunity to be fully utilised.
- Children also need to be assisted in engaging duty bearers so that service provision is improved. This includes duty bearers at community level, particularly traditional leaders so that they can protect the rights of children. Community leaders should also be exemplary and not tolerate early marriages among their own children and promote reporting of cases.
- In this regard, it is not only important to enhance knowledge levels but also ensure that there are appropriate platforms for engagement and children themselves are assertive to articulate their needs to duty bearers.

Conclusion: There is low participation of children in project activities including MEAL activities. Ntengwe has noted inadequacies with previous systems and it is important that these be addressed in the RCP&D programme as planned.

> **Recommendation:**
> - Clear provisions are needed on how children will meaningfully participate in the documentation of lessons learnt in the RCP&D programme.

Conclusion: The existing Child Protection and Safeguarding System in the district is not functioning to the desired extent. The reporting and resolution of cases is not functioning well at both community and district levels. This has negative implications on CPCs/CCWs and on those who report cases. In addition, knowledge of where to report cases of abuse needs to be improved so that children in particular are knowledgeable about the different options available to them. Essentially, the Binga Child Protection and Safeguarding System needs to be made more effective.

> **Recommendations:**
> - It is recommended that Ntengwe assists in strengthening the Binga Child Protection and Safeguarding System. Police and district stakeholders should be urged to be more responsive to reported cases and provide feedback. In addition, police should be urged to protect identities of whistle-blowers and end corrupt tendencies. This can be done alongside efforts to ensure that the organisation's own Child Protection Policy is made well known and used for the protection of children in the targeted communities and district as a whole.
> - Schools should also be encouraged to develop their own Child Protection Policies with participation of children in the processes. The policies should be in line with government's policies on child protection.
> - The role of schools in the District Child Protection and Safeguarding System should be clarified with all stakeholders at community and district level. This will improve how schools relate to community child protection structures, ultimately strengthening child protection mechanisms at the local level.

Conclusion: The baseline values for most indicators have been successfully determined. The study however concludes that some indicators need to be dropped or changed as they are difficult to measure. This includes some indicators which are composite in nature. The definition of some of the outcome variables in the current log-frame will pose a challenge for programme evaluation.

> **Recommendations:**
> - It is hereby recommended that Ntengwe considers refining some of the indicators so that they are measurable and would allow the organization to assess the effectiveness and impact of the programme. The process involves aligning indicators in the current log-frame with those in the baseline report which have been refined as shown on the dashboard.

6 REFERENCES

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7 ANNEXES

7.1   Annex 1: Baseline Indicators and Questions

Baseline Indicators	Baseline Questions
- Number and proportion of children accessing basic services and rights including education, health and birth registration. - Number and proportion of children whose rights are currently protected and upheld. - Number and proportion of children with knowledge on child rights. - Level of knowledge and practices on child protection among the parents/caregivers and the community. - Number of existing Gem/Bem clubs in the target schools. - Number of the existing clubs run by trained teachers using child rights and inclusive approaches. - Number of focal teachers trained in child rights and inclusion. - Number of trained teachers adopting child rights and inclusive approaches in their schools and clubs. - Number of child protection initiatives led by Gem/Bem clubs in schools where such clubs exist. - Number of focal teachers with knowledge on child rights and inclusion. - Number of dialogues on culture and child protection held in the target communities. - Number of child protection/ abuse issues that were raised by children in the targeted wards and followed up by duty bearers and successfully solved in the past 12 months - CPC statistics on child abuse cases in the past 12 months. - Number of child abuse cases that were successfully resolved by community structures and through referral to District Case Management structure.	- What is the number and proportion of children accessing basic services and rights including education, health and birth registration? - What is the number and proportion of children whose rights are currently protected and upheld? - What is the number and proportion of children with knowledge on child rights? - What is the level of knowledge and practices on child protection among the parents/caregivers and the community? - Are there existing Gem/Bem clubs in the target schools? - How many of the existing clubs are run by trained teachers using child rights and inclusive approaches? - How many focal teachers are trained in child rights and inclusion? - How many of the trained teachers are adopting child rights and inclusive approaches in their schools and clubs? What are some of those approaches? - Are there any child protection initiatives led by Gem/Bem clubs in schools where such clubs exist? - What is the level of knowledge on child rights and inclusion among the current focal teachers? - Have there been any dialogues on culture and child protection held in the target communities? - What is the number of child protection/ abuse issues that were raised by children in the targeted wards and followed up by duty bearers and successfully solved in the past 12 months? - What are the existing CPC statistics on child abuse cases in the past 12 months?

• Number and proportion of parents that received training on human and child rights in the past.	• How many of these child abuse cases were successfully resolved by community structures and through referral to District Case Management structure?
• Number and proportion of parents using child friendly parenting practices.	• Have parents received training on human and child rights in the past? What is the number and proportion of those that have received such training?
• Number of children reporting child friendly home environments.	
• Number of active CPCs in the target wards.	• What is the number and proportion of parents using child friendly parenting practices?
• Number of Covid-19 Child Friendly IEC distributed to children in the district.	• What is the current number of children reporting child friendly home environments?
• Number of advocacy initiatives on child marriages and birth registration targeting duty bearers led by children from the target wards.	• What is the current number of active CPCs in the target wards?
• Participation of in meetings with community and district level stakeholders.	• Have there been any Covid-19 Child Friendly IEC distributed to children in the district?
• Number of commemorations attended and led by children from the target wards.	• Have there been any advocacy initiatives on child marriages and birth registration targeting duty bearers led by children from the target wards? Who was supporting the children in these initiatives?
• Number of other activities that are led by children in the targeted wards.	
• Number of people and children impacted by use of project outputs.	• Are any children currently participating in meetings with community and district level stakeholders? What type of meetings are there allowed to participate and how?
• Availability of child-friendly and practical tools for children to participate in M&E and are they part of MEAL processes	• Have there been any commemorations attended and led by children from the target wards?
• Are children involved in analysing their life situation, considering solutions, influencing duty bearers and assessing the impact of our activities?	• Are there any other activities that are led by children in the targeted wards?
	• What will be the estimated number of people and children impacted by use of project outputs?
	• Are there any child-friendly and practical tools for children to participate in M&E and are they part of MEAL processes?
	• Are children involved in analysing their life situation, considering solutions, influencing duty bearers and assessing the impact of our activities?

7.2   ANNEX 2: Conceptual Framework for the Research

BASELINE INDICATORS	INTERVENTIONS		EVALUATION
• No. of Gem/Bem clubs run by trained teachers • No. of trained focal teachers adopting CR & IA • No. of teachers trained in CR & IA	• Training of teachers • Support on use of the Gem/Bem manual • Bootcamps • Child-friendly information on		• % ∧ No. of Gem/Bem clubs run by trained teachers • % ∧ No. of trained focal teachers adopting CR &
• No. of Covid 19 IEC materials distributed • No. of parents trained in HR, CR & parenting • No. of CP and child abuse cases reported (also by children), followed, referred, solved • No. of child-led awareness campaigns • No. of community dialogues	• Child-friendly information on COVID 19 • Child rights workshops for parents • Training for CPCs • Support for CPCs cascade meetings		• % ∧ No. of Covid 19 IEC materials distributed • % ∧ No. of parents trained in HR, CR & parenting • % ∧ No. of CP and child abuse cases reported (also by children), followed, referred, solved • % ∧ No. of child-led awareness campaigns
• No. of children with ↑ knowledge on CR • No. of Covid 19 IEC materials distributed • No. of advocacy initiatives on child marriages and birth certificates • No. of children participating in meetings at all levels • No. of commemorations & CP initiatives led by children • No. children attending review meetings and	• Child-friendly information on COVID 19 • Formation & support for Gem/Bem clubs • Inter school Gem/Bem competitions • Sports for change tournaments • Support children to participate in quarterly monitoring reviews		• % ∧ No. of children with ↑ knowledge on CR • % ∧ No. of Covid 19 IEC materials distributed • % ∧ No. of advocacy initiatives on child marriages and birth certificates • % ∧ No. of children participating in meetings at all levels • % ∧ No. of commemorations & CP initiatives led by children • % ∧ No. children attending review meetings and
• No. of stakeholders trained in CPP review • No. of updated CPP shared with community • No. of child-friendly versions of updated CPP shared with children and child CPCs • No. of child focused researches undertaken • No. of policy dialogues with stakeholders • No. of IEC materials produced • No. of stakeholders with capacity in CP & SM • No of community feedback and complaints	• Support for Ntengwe staff in documentation • Research on impact of COVID 19 on child rights and protection • Training of stakeholders on review of CPP and District CPRP • Training on localizing reviewed CPP & District CPRP • Ward monitoring reviews with children • Annual dialogue platforms with duty		• % ∧ No. of stakeholders trained in CPP review • % ∧ No. of updated CPP shared with community • % ∧ No. of child-friendly versions of updated CPP shared with children and child CPCs • % ∧ No. of child focused researches undertaken • % ∧ No. of policy dialogues with stakeholders • % ∧ No. of IEC materials produced • % ∧ No. of stakeholders with capacity in CP &

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Baseline to

7.3   Annex 3: Study participants

List of District Key Informants

Name	Designation	Institution
L. Siamuyi	Executive Officer – Social Services	Binga Rural District Council
J. Nyavanhu	District Social Development Officer	Department of Social Welfare – Ministry of Public Service, Labour and Social Welfare
B.Z. Mudenda	Principal Rehabilitation Technician	Rehabilitation Department – Binga District Hospital
D. Mudimba	District Remedial Tutor	Ministry of Primary and Secondary School

List of School Key Informants

Name	Designation	School
Munsaka C	Deputy Head	Mankobole Primary
Muzamba R	Headmaster	Mucheni Primary
Svome V	Deputy Head	Gwatakwata Primary
Sibanda T	Senior Teacher	Kolokoza Primary
Chiminya R	G&C Teacher	Kolokoza Primary
Ms Ncube	G&C Teacher	Chinego Primary
Nyoni G	Headmaster	Sinansengwe Secondary
Chuma L	Headmaster	Siansyundu Secondary
Zimba V	Deputy Head	Gwatakwata Secondary
Muzerengi S	Headmaster	Zumanana Secondary
Tavengwa L	G&C Teacher	Chinego Secondary

Number of participants in FGDs

	Community Leaders	CPC/CCW/VHWs	Parents/Guardians	Child-led CPC
Pashu	17	11	15	-
Sinamagonde	49	22	-	-
Chinonge	16	10	5	5
Sinansengwe	12	12	7	-
Siansyundu	13	20	-	8

7.4 Data collection tools

Child survey questionnaire

INTERVIEW DETAILS	
Start time of interview (hh:mm).	
End time of interview (hh:mm)...	
Name/code of enumerator:	
Date of(dd/mm/yyyy):	

INDIVIDUAL IDENTIFICATION	CODE
Identification number:	
School:	
Ward number.. ..	

A. ABOUT THE CHILD	
A1. Sex of respondent	1 = Male 2 = Female
A2. Age of the respondent	
A3. Orphanhood status of *respondent*	1= both parents are alive 2= maternal orphan 3= paternal orphan 4 = double orphan
A4. Whom do you live with?	1=both parents 2=father 3=mother 4=sibling 5=aunt 6=uncle 7=grandparents 8=unrelated guardian 66=other (specify)
A5. Employment status of parent/guardian	1=Self-employed 2=Government employee 3=Private sector employee 4=Retiree 5=Unemployed 6=Other (specify)
A6. Do you have a birth certificate	1=Yes 2=No

B. ACCESS TO EDUCATION AND HEALTH	
B1. Are you currently enrolled in school?	1=Yes 2=No *If no, go to B5*

B2. Level of education of the respondent	Grade: _____ Form: _____
B3. During the last school week, did you miss any school days for any reason?	1=Yes 2=No
B4.Why do you **NOT** go to school? **Do not read responses. Circle one primary response.**	1=No money for school materials, transport 2=No money for school fees 3=I am too sick to attend school 4=School is too far away / no school 5=I have to work 6=I have to care for household members 7=Parent/guardian does not want me to go to school 8=I don't like school 9=School was not in session 66=Other: _____
B5. Have you <u>ever</u> attended school?	1=Yes 2=No
B6. When you fall sick, do you receive treatment?	1=Yes 2=No
B7. The last time you were sick, where did you receive treatment from?	1=Hospital/clinic 2=VHW 3=Traditional healer 4=Faith healer 5 = At home 66=other: _____
B8. Have you ever heard about COVID-19?	1=Yes 2=No
B9. If yes, what are your sources of information about COVID-19? **Do not read responses. Circle all that are mentioned**	1= Teachers 2=Clinic 3=Radio 4 =Television 5=IEC material 6=Friends 7=Parents 8=Community structures
B10. Do you understand the information that you receive on COVID-19?	1=Yes 2=No

C. CHILD RIGHTS AND CHILD ABUSE	
C1. Do you know what children's rights are?	1=Yes 2=No
C2. State the child rights that you know?	1) 2) 3) 4) 5)
C3. Do you know what child abuse is?	1=Yes 2=No 3=Not sure

C4. Which forms of child abuse do you know? **Do not read responses. Circle all that are mentioned.**	1 = Physical 2 = Verbal 3 = Sexual 4 = Emotional 5 = Child labour 6 = Neglect 7 = Child marriage 8 = Any other
C5. Do you know where to report any case of abuse?	1=Yes 2=No ***If no, go to C7***
C6. If yes, where?	
C7. Have you ever heard of a Child Protection Committee?	1=Yes 2=No
C8. Have you ever reported a case to them?	1=Yes 2=No
C9. Was the case resolved?	1=Yes 2=No
C10. Do you feel loved and protected at home?	1=Yes 2=No
C11. If no, what challenges do you face at home (write answer in the provided space)	
C12. Does your room/hut provide adequate shelter from weather elements and burglars?	1=Yes 2=No
C13. Does your room/hut offer adequate privacy?	1=Yes 2=No
C14. Do you have adequate bedding?	1=Yes 2=No 3=Yes, but we have to share
C15. Are there times when you have gone to bed without food?	1=Yes 2=No
C16. If yes, how often does this happen?	1=Never 2=Rarely 3=Sometimes 4=Frequently

D. CHILD PARTICIPATION	
D1. In the past 12 months, did you participate in meetings with community and district level stakeholders?	1=Yes 2=No ***If no, go to D3***
D2. If yes, which meetings did you participated in?	
D3. In the past 12 months, did you attend any commemorations led by other children?	1=Yes 2=No ***If no, go to D5***
D4. If yes, which commemorations did you attend?	

D5. In the past 12 months, did you participate in any child led activities	1=Yes 2=No	*If no, go to D7*
D6. If yes, which child-led activities did you participate in?		
D7. In the past 12 months, did you attend any programme review meetings?	1=Yes 2=No	*If no, go to D9*
D8. If yes, state the organisation and programme.		
D9. In the past 12 months, did you participate in any programme activities implemented by Ntengwe?	1=Yes 2=No	
D10. If yes, state the programme activities	1=Aanalyzing their life situation 2= Considering solutions for their situations 3=Influencing duty bearers 4=Assessing the impact of programme activities	

END OF QUESTIONNAIRE

Household/parent questionnaire

INTERVIEW DETAILS	
Start time of interview (hh:mm).	
End time of interview (hh:mm)...	
Name/code of enumerator:	
Date of (dd/mm/yyyy): .	

INDIVIDUAL IDENTIFICATION	CODE
Identification number:	
Ward number: _____ Village: _____	

A. ABOUT THE RESPONDENT	
A1. Sex of respondent	*1 = Male 2 = Female*
A2. Age of the respondent	
A3. Highest education level attained	1=Primary 2=Secondary Never went to School
A4. Marital Status	*1= single 2= married 3= widowed 4 = Divorced/separated*
A6. Employment status	*1=Self-employed 2=Government employee 3=Private sector employee 4=Retiree 5=Unemployed 6=Other (specify)*
A7. Do you have a birth certificate 1=Yes 2=No	

B. ACCESS TO EDUCATION AND HEALTH	
B1. Are all the children of school going age in your household enrolled in school	1=Yes 2=No **If yes, go to B4**
B2. If no, how many are out of school?	

B3. If no to B1, why are they **NOT** going to school? **Do not read responses. Circle one primary response.**	1=No money for school materials, transport 2=No money for school fees 3=Child is too sick to attend school 4=School is too far away / no school 5=Child has to work 6=Child has to care for household members 7=I don't want the child to go to school 8=Child doesn't like school 66=Other: _____
B4. When children in your household fall sick, are you able to have them treated at a health facility?	1=Yes 2=No
B5. If no, why are you **NOT** able to have them treated at a health facility?	1=No money for transport to health facility 2=No money for clinic/hospital fees 3=Religious purposes 4=Health facility is too far away / no health facility 5=I don't want my children to go to health facilities 6=We have other treatment options 66=Other: _____
B6. Have children in your household ever received IEC material about COVID-19?	1=Yes 2=No
B7. If yes, who was distributing the IEC material? **Do not read responses. Circle all that are mentioned.**	1= Schools 2=Clinic 3=CPCs/CCWs/VHWs 4=Community leaders 5=Government departments 6=NGO/CBO (specify): _____ 66=Other:_____

C. KNOWLEDGE ON CHILD RIGHTS, CHILD ABUSE AND GENERAL WELL-BEING OF CHILDREN	
C1. Do you know what children's rights are?	1=Yes 2=No
C2. State the child rights that you know	1) 2) 3) 4) 5)
C3. Do you know what Child Abuse is?	1=Yes 2=No 3=Not sure

C4. Which forms of child abuse do you know? **Do not read responses. Circle all that are mentioned.**	1 = Physical 2 = Verbal 3 = Sexual 4 = Emotional 5 = Child labour 6 = Neglect
C5. Do you know where to report any case of abuse?	1=Yes 2=No *If no, go to C7*
C6. If yes, where?	
C7. Have any of your children reported a case of child abuse?	1=Yes 2=No
C8. Whom did they report to?	1=teachers 2. Police 3=CPC/CCWs/VHWs 4=Community leader 5=Child-led CPC 6=NGO/CBO 66=Other: _____
C9. Was the case resolved?	1=Yes 2=No
C10. Do all the children in your household have birth certificates?	1=Yes 2=No
C11. If no, what challenges do you face in getting birth certificates (write answer in the provided space)	
C12. Is there adequate shelter for the children at your homestead?	1=Yes 2=No
C13. Do you have adequate have adequate bedding?	1=Yes 2=No 3=Yes, but they have to share
C14. Are there times when children have to go to bed hungry?	1=Yes 2=No
C15. If yes, how often does this happen?	1=Never 2=Rarely 3=Sometimes 4=Frequently
C16. As a parent/guardian have you been able to adopt child friendly parenting practices?	1=Yes 2=No 3=Not sure
C17. If yes, which practices have you adopted? (write down the responses in the provided space)	

D. CHILD PARTICIPATION	
D1. In the past 12 months, has any of your children participated in meetings with community and district level stakeholders?	1=Yes 2=No *If no, go to D3*
D2. If yes, which meetings did they participate in?	

D3. In the past 12 months, did any of your children attend any commemorations led by children?	1=Yes 2=No
D4. If yes, which commemorations did they attend?	

END OF QUESTIONNAIRE

Key informant guide (Government ministries)

1. What is the mandate of your department in terms of Child Protection?

2. What are the major child protection issues in your district? How has your department/ministry assisted in addressing these? *Probe on child marriages, birth registration and issues for children with disabilities?*

3. How accessible are birth registration, education, health (including information in COVID 19) and legal services for children in your district? Who is offering such services and what are some of the challenges hindering access?

4. Are there any advocacy activities that seek to promote access to these basic services (birth registration, education, health and legal services)? Who is leading the advocacy activities? Are children involved in these activities?

5. What are prevalence of child marriages in the district? Are there any child-led advocacy activities on child marriages targeting duty bearers?

6. On average, how many cases of child abuse do you receive per month?
    a) How many were received in the past 12 months in total? How many did you manage to resolve internally?
    b) How many were referred for further management by other departments/ministries?
    c) Which forms of abuse are the most prevalent?

7. Do you have any initiatives that seek to inform children about Covid-19 in the district? Which are these initiatives and how effective have they been so far? *(Probe for distribution of Child Friendly IEC to children in the district)*?

8. Do you have any community-based structures that are working with children in your district? Which are these structure and how functional are these structures? How many in each operational ward?

9. Are there any child-led initiatives that promote their effective participation in district meetings? What is the nature of their interaction with district stakeholders?

10. As a department/ministry, do you have child-friendly and practical tools for children to participate in M&E of programme activities that target them? To what extent to children participate in MEAL processes?

11. Are there any challenges that you are facing as a department/ministry in discharging your duties in relation to Child Protection? How can they be addressed? *Probe on their ability to provide child protection services to children during the lockdown?*

Key Informant guide (School teachers)

A. School details	
1. Name of Respondent	2. Position
3. Position	4. School
5. Level	1 = Primary 2 = Secondary
6. Number of teachers	Males: _____ Females: _____ Total: _____
7. Number of children	Boys: _____ Girls: _____ Total: _____

B. Birth certificates

8. Are there children without birth certificates at the school? *1 = Yes   2= No*

9. If yes, how many children do not have birth certificates at the school: _____

10. What sort of assistance do children without birth certificates get from the school? _____ _____

C. Training and adoption of child rights and inclusive approaches

11. Are there teachers who were trained in child rights and inclusive approaches?
    1 = Yes   2= No

12. If yes, how many, teachers were trained in child rights and inclusive approaches? _____

13. How many teachers have knowledge on child rights and inclusive approaches? _____

14. How many trained focal teachers have adopted child rights and inclusive approaches at the schools and clubs? _____

15. How did the trained focal teachers adopt child rights and inclusive approaches at the school and in clubs?
_____

16. How easy/difficult has it been to adopt child rights and inclusive approaches? *(State reasons for your response)*
_____

D. School clubs and other child led-initiatives

17. Do you have Gem/Bem clubs at the school? *1 = Yes   2 = No*

18. How many Gem/Bem clubs are run by trained teachers using child rights and inclusive approaches? _____

19. How many child protection initiatives are led by school Gem/Bem clubs which are run by focal teachers? _____

20. How many commemorations are attended and led by children in a year? _____

21. Which are some of these commemorations?
    _____

22. Are there any other child led activities at the school? *1 = Yes   2 = No*

23. If yes, list some of these activities?
_____

E. Reporting cases of child abuse

24. On average, how many cases of child abuse are reported at the school per month/term? _____

25. How many child protection issues were raised by child-led CPC or clubs in the past 12 months?

26. How many of these were followed up by the school and were successfully resolved at the school level?

27. Number of child abuse cases referred to:

Structure/Institution	Number	Status 1=Resolved 2= Pending 3 = Never solved 88 = Do not know
Community leaders		
District MoPSE		
DSW		
Police		
Other		

FGD Guide – Child-led Protection Committees

Instructions:
- *Complete a separate list of names of FGD participants*
- *Obtain number of CPC members in the ward/school (disaggregated by sex)*

1. What are your roles and responsibilities as the child-led CPC? How functional is your structure? How often do you meet as a structures?

2. Were you trained as CPC members? How relevant was the training in relations to your roles and responsibilities? Are there any knowledge gaps that would necessitate further training?

3. What are the major child protection issues in your community? How have you assisted in addressing these? *Probe on child marriages, birth registration and issues for children with disabilities?*

4. On average, how many cases of child abuse are reported to you per month? How many did you refer to adult-led CPCs or any other structure for further management? What proportion of the reported cases are usually resolved successfully?

5. Are there any community and district structures or institutions that you work closely with? How do you work with these structures or institutions? What are some of the major issues that are addressed when you work with these structures *(probe for advocacy initiatives on child marriages and birth registration)*?

6. Are there any other child-led initiatives that promote the effective participation of children in community/district meetings and commemorations? How do you and other children participate in these initiatives?

7. Are there any community dialogues on culture and child protection in your community? Are you involved in these community dialogues? What is the nature of your involvement?

8. What are the challenges that you are facing as CPCs in discharging your duties? How can these be addressed?

FGDs – Community-based Structures (CPCs/CCW/VHWs)

Instructions:
- *Complete a separate list of names of FGD participants*
- *Obtain number of members in each structure in the ward (disaggregated by sex)*

1. What are your roles and responsibilities in the community? How functional are your structures? How often do you meet as separate structures and jointly as structures that deal with children?

2. In dealing with children have you as CPC members /CCWs/VHWs received training? How relevant was the training in relations to your roles and responsibilities? Are there any knowledge gaps that would necessitate training?

3. What are the major child protection issues in your community? How have you assisted in addressing these? *Probe on child marriages, birth registration and issues for children with disabilities?*

4. How many cases of child abuse were reported to you in the past 12 months? How many were referred for further management by the District Case Management structure? How many of these reported cases were successfully resolved?

5. How accessible are birth registration, education, health (including information on COVID 19) and legal services for OVC in your community/ district? Who is offering such services and what are some of the challenges hindering access?

6. Are there any child led functional CPCs in your ward? How do you work with these CPCs? Are there any other child-led initiatives that promote their effective participation in community and district meetings? What is the nature of their interaction with other structures and stakeholders?

7. Are there any community dialogues on culture and child protection in your community? Are you involved in these community dialogues? What is the nature of your involvement?

8. What are the challenges that you are facing as CPCs/CCWs/VHWs in discharging your duties? How can they be addressed? *Probe on their ability to provide child protection services to children during the lockdown?*

FGDs – Parents

Instructions:
- *Complete a separate list of names of FGD participants*

1. What are the major child protection issues in your community? Which children are facing these challenges and why?

2. Have parents received training on human and child rights in the past? Who provided the training? Are parents utilising the knowledge? Are there aspects relating to child rights that are not clear, well understood and/or difficult to apply in your context?

3. How accessible are birth registration, education, health (including information in COVID 19) and legal services in your community/ district? Who is offering such services and what are some of the challenges hindering access?

4. Are there functional community structures *(probe for child-led CPCs)* that promote upholding of child rights in your community? How effective are these structures in handling child abuse issues? What can be done to enhance their effectiveness?

5. Are there any community dialogues on culture and child protection in your community? Are children involved in these dialogues? What is the nature of their involvement?

6. Are any children currently participating in meetings with community level stakeholders? What type of meetings are there allowed to participate and how? How can their participation be enhanced?

7. Are parents able to engage with relevant line ministries and duty bearers responsible for Child Protection and development? Are there any challenges that might hinder parents from engaging with relevant stakeholder?

8. Are there any activities that are led by children in your communities? What are these activities? What can be done to enhance the effectiveness of these child-led activities at community level?

FGDs – Community leaders

Instructions:
- *Complete a separate list of names of FGD participants*

1. What are your roles and responsibilities in the community in relation to Child Protection?

2. Have you as community leaders received training on Child Protection? How relevant was the training in relations to your roles and responsibilities? Are there any knowledge gaps that would necessitate training?

3. What are the major child protection issues in your community? How have you assisted in addressing these? *Probe on child marriages, birth registration and issues for children with disabilities?*

4. On average, how many cases of child abuse are reported to you per month? How many were referred for further management by District Case Management structure or other community structures? What proportion of the reported cases are usually resolved successfully?

5. How accessible are birth registration, education, health (including information on COVID 19) and legal services for children in your community/ district? Who is offering such services and what are some of the challenges hindering access?

6. Are there any other structures that are working with children in your community? How do you work with these structures?

7. Are there any child-led initiatives that promote their effective participation in community meetings? What is the nature of their interaction with other community structures and stakeholders?

8. Are there any community dialogues on culture and child protection in your community? Are you involved in these community dialogues? What is the nature of your involvement?

9. What are the challenges that you are facing as community leaders in discharging your duties in relation to Child Protection? How can they be addressed? *Probe on their ability to provide child protection services to children during the lockdown?*